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INSTINCTS, CULTURE, AND SCIENCE

BY S. H. POSINSKY, PH.D. (NEW YORK)

I

A re-examination of Freud's writings (10, 11, 13, 14, 15) on the relationship between instincts and cultural development reveals several important methodological problems. Thus, the hypothesis that civilization requires a repression of the instincts is so vague as to be almost meaningless. The dominant mechanisms—suppression, repression, sublimation¹—are cited alternately, even antithetically, for illustrative purposes; but at times they are used synonymously or are lumped cumulatively under inclusive terms like 'subjugation' or 'privation'.

Further, since 'civilization' is an ambiguous concept which refers both to the *totality of human culture* from its earliest beginnings and to *complex* or *high cultures* in particular, and since it refers variously to phylogeny and ontogeny²—it is not clear in every instance whether the attendant instinctual subjugation characterizes the differences between animals and man, between children and adults, between prehistoric and contemporary men, or between all of these collectively. Nor is it always clear whether this subjugation or privation refers primarily to pregenital drives or to the totality of instinctual energy. At any

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¹ Freud (14, p. 63) himself asks: 'suppression, repression or something else?'

Moreover, the duality, or antithesis, between 'human nature' and culture requires a reconceptualization, with an increased awareness of the processes by which genotypical drives are given phenotypical shape within a cultural matrix (38, 40, 41).

² Freud sometimes uses 'civilization' in its ontogenetic aspects as a synonym for socialization, education, or 'enculturation' (15, p. 84); and the corollary follows that the 'civilized' child, in contradistinction to the primitive, must recapitulate a heavy and cumulative cultural phylogeny in a few short years. The 'weight' of this cultural phylogeny is then assumed to place an undue strain on the psychic apparatus.

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rate, various points of view can be supported by quotations from Freud's work.³

It is significant that Freud's hypothesis about the correlation between repression and civilization has not been validated (or refuted) with any decisiveness; and it is doubtful if a proposition of such magnitude is even capable of empirical validation or refutation when it is applied to a million years of human history. The most ambitious attempt at verification, by Unwin (54), remains equivocal because of the terminological and conceptual difficulties which obscure the hypothesis, and also because most anthropological research before 1930 ignores such basic areas of psychocultural experience as childhood training.

The work of Sir James Frazer like many of the earlier English evolutionists is, for example, illustrative rather than comparative in its methods. The illustrative method, whether used parenthetically or voluminously, can confirm or deny any hypothesis, for it merely selects favorable but random examples from the enormous literature of anthropology and history. Too frequently it compares analogies rather than homologies, details rather than wholes, and thus remains selective and illustrative rather than truly comparative.

The problem is further complicated by the results of more recent field work among primitive peoples. In what appears to be the soundest psychocultural approach, certain psychic processes are isolated and described, or specific hypotheses about these are tested. In the more ambitious (if perhaps less precise) studies, an entire culture is labeled according to its 'flavor' (intuitively tasted) or orientations by means of a clinical metaphor; or the uniqueness of each culture (and of the putative 'basic' personality structure) is explained in terms of childhood training and the related traumata. Some of this work is very illuminating, but it does not—in fact cannot on the basis of a few examples—clarify either the variable degrees of instinctual

³ Cf. Marcuse's (32) logical and erudite discussion of the thesis that a nonrepressive civilization is not only feasible but urgently necessary.

subjugation or the relative importance of suppression, repression, and sublimation in the course of human history.

Although the data or our methods are not yet adequate for large-scale generalizations about man's past, we manage nevertheless to compound the problem by refracting the available knowledge through the spectrum of our personality. To cite an example which is complementary to the concept of instinctual subjugation, Freud speaks of the damages inflicted by repression on the young ego, (including the influence of civilization as represented by family education), among the determinants of neurosis (15, pp. 83-85). These concepts are meaningful and subject to validation if they remain in the ontogenetic frame of reference; but they do not so remain, for Freud immediately translates them into a phylogenetic proposition which is incapable of verification: 'It is easy, as we can see, for a barbarian to be healthy: for a civilized man the task is a hard one' (15, pp. 84-85).

If the neurosis is produced by repression and the attendant damage to the immature ego, then this is a universal condition on any level of cultural complexity, as is family education. If the problem results from the cumulative amounts of culture which a maturing individual in a complex culture must acquire, it is not clear why this should be described in mechanical terms, as 'weight', since no individual is required (or is even able) to master the totality of a complex culture.

It frequently occurs that quantitative changes result in qualitative changes, and that cultural cumulation may lead to simplification. Thus, many developments have taken place in lighting; and there has been a quantitative increase in this area over the course of history. The early forms of lighting remain (hearth fires, torches, candles, oil lamps, etc.) and could conceivably be interpreted by a Martian anthropologist as a source of doubt and perplexity. Yet there is no real competition between these early forms and electricity. The former survive and acquire secondary values, whether dictated by ritual, 'charm', conspicuous consumption, or emergencies; but none competes in

convenience, simplicity, or efficiency with electricity; and it is not even necessary for the consumer of electricity to be an electrician or a physicist.⁴

It is also clear that the easy 'health' of the 'barbarian' refers, in fact, to concepts of 'natural man'—an abstraction without any validity, for man is quintessentially a social being. 'Health', therefore, is a psychocultural as well as a physiological phenomenon.

A phylogenetic weakening of the ego, whether in its organization, autonomy, or functions, would result from the increasing demands of reality, the id, or the superego; but none of this has been demonstrated. The quantitative increase in cultural complexity is manifest; but it is equally clear that certain qualitative changes in the direction of simplicity and efficiency may accompany quantitative complexity. At any rate, the correlated increases in repression during childhood and the consequent difficulty in achieving a strong ego have not been confirmed, and they remain in the realm of conjecture. If this conjecture be true, and we have no way of knowing at the present time, then it would appear that psychotherapy is fighting an iron law of human evolution.

A generalization of comparable magnitude and mootness is offered by Róheim in one of his differences with Fromm:⁵

... Fromm believes that growing up is a process of individuation and that mankind is also growing up in this sense. That is, moving from a condition in which the individual is very limited by society to one in which the individual is free and self-reliant. This may appear true if we look at that section of European history from the Middle Ages to the nineteenth century. But if the testimony of anthropology indicates anything, it

⁴ It is clear, of course, that the quantitative and qualitative changes which result in functional simplicity and efficiency may also result in negative components: e.g., the vulnerability to mechanical failures, storms, bombings, and the like, over which the consumer of electricity has no control.

⁵ Candor requires me to state that I feel closer, both intellectually and emotionally, to Róheim's work than to Fromm's; but this has no bearing on the problem of unverifiable generalizations.

shows that primitive man is free, untrammelled, and truly self-reliant in comparison with Medieval or Modern man (45, p. 50).⁶

Róheim argues this thesis by pointing out that an adolescent boy in Central Australia is very close to economic self-sufficiency (which, of course, is a very segmental concept of self-sufficiency and flirts with the myth of 'economic man'), and that in primitive society as a whole the absence of true specialization means that every individual can master large amounts of the available culture: 'In other words, each individual is really self-reliant and grown up' (45, p. 51). On the other hand, 'the very marked specialization and division of labor which are characteristic of complex society do not make for any blithe self-reliance'.

Put so neatly, the problem has a deceptive simplicity. Again, the quantitative increases in culture can be documented; but these have no direct bearing on the problems of independence and dependence. Primitive 'freedom' or independence frequently connotes a hand-to-mouth existence and a heavy preoccupation with subsistence, a simple technology and a minimal control over the environment, and an immersion in fears and taboos whose neurotic analogies Freud and Róheim have so eloquently described. It also implies an identification with the group ('collective representations') and a relatively incomplete differentiation between the ego and the group⁷—an identification which is paralleled, via concepts of 'moral causality', by the overlap or assimilation between nature and society.

In complex cultures, no individual can hope to master the bulk of the culture; and there is no need for such aspirations. We see, rather, a development of specialization, an increase of productivity, and a proliferation of institutions and associations. There are, of course, variable degrees of specialization;

⁶ We need not initiate any semantic disputes about the meaning of 'freedom', 'self-reliance', and the like. They are admittedly vague and subjective terms. It is of greater interest to note that Róheim's point of view can be duplicated in Tacitus' *Germania*.

⁷ Cf. Róheim's analysis of the roles of the ego and superego in stratified or competitive society (45, p. 60).

but even the humble ditchdigger or shoeshiner is a specialist in that he does not raise his own food, create or repair his dwelling and clothes, and so on. Can it not be argued that this is interdependence (as efficient, and as vulnerable under some conditions, as the supply of electricity), and that the multiplicity of institutional and associational memberships may make for a strengthening of the ego?

The dichotomy between individual and group, which is an exaggerated aspect of urban society, may lead to feelings of estrangement, to the loss of the primitive or infantile sense of collectivity (whether with the group or the mother). But it also carries with it the possibility of heightened and creative self-awareness, of a strengthened ego. At any rate, all of one's interpersonal, material, and psychic eggs are not placed in the same basket.

Invidious distinctions which may be made between primitive and complex cultures, or between folk and urban societies, are frequently invalid because the units differ so markedly (in kind or degree) as to be not strictly comparable—and certainly not when ethical or moral biases are interwoven with the empirical data. Although kinship relationships and responsibilities play a quantitatively smaller role in complex than in primitive culture, and may even be reduced to the zero point in urban society, kinship (if only the nuclear family) is not absent from any culture. Warm, intense, 'primary' relationships are possible even in a metropolis: within the family, or between old friends or new sweethearts. Problems develop, however, when people reduce such important relationships to the zero point; or when the intense 'primary' relationships are transferred by default to those 'secondary' institutional and associational relationships which are diffuse, 'rational', contractual, segmental, and relatively impersonal; or conversely, when 'secondary' relationships come to dominate those important areas of experience where 'primary' relationships are more appropriate.

This is not to say that our society is without its contradictions, or that certain 'feedbacks' may not be seriously dysfunctional

both in social and in individual terms. Analogous contradictions may also be found in primitive society (37, 40, 41).⁸

To the degree that man is differentiated by culture from the other animals, he is a remarkably adaptable and interdependent being. The question of 'freedom' and 'self-reliance' can be argued pro and con, but without finality. It is akin, in its nebulousness, to the putative psychic 'health' of the 'barbarian'. The significant and answerable questions address themselves, I think, to the quantitative and qualitative changes which transformed a few primitive cultures into complex cultures, while other primitive cultures foundered, stagnated, or were destroyed. Among these changes are: the development of money, private property, the plough in agriculture, specialization, stratification, the state; the proliferation of associations and institutions; and so on. (Industrialization, the hallmark of western civilization, is omitted from the list because many great states and empires have flourished in its absence; but it is certainly an important process with many ramifications.) These, then, represent the great cultural divide between primitive and complex cultures; and it would be profitable to inquire if the crossing of this divide has introduced differences of kind, degree, or func-

⁸ The fall of the Inca empire provides an illuminating example of how internal contradictions may be exploited from without. The problem hinges partly on the degree and type of internal contradiction, and partly on the larger (even, global) frame of reference. Thus, the Inca empire was preparing for civil war and entering an incipient decline when the Spaniards arrived. In the absence of the Spaniards, or of a great technological advance from within, the cyclical pattern of Andean imperialism would undoubtedly have been repeated, for the Incas were only latecomers on the scene. The Spaniards, though related in no way to the internal contradictions within Andean culture, descended 'from the blue' (as the Incas saw it) and proceeded to exploit these contradictions. They also set Andean culture on a completely new course, technologically, socially, politically, and ideologically. Pizarro's easy victory over infinitely superior forces, and the easy assimilation of a mighty and remote empire into the Spanish orbit, may be correlated with the glaring contradictions in Inca culture. Of course, Pizarro was not a product of these internal contradictions; and from the Inca point of view he was hardly more than an 'accident' and an unexpected nuisance. In a global sense, however, his appearance in the Andes was *not* an accident, nor was his victory.

tion in the psyche. They are also manageable problems, around which specific if limited hypotheses may be formulated.

Only after we have dealt with such hypotheses and problems can we hope to sum them up in a larger hypothesis about the sociocultural conditions which make for psychic 'health', or optimal function.⁹ Massive generalizations, in the initial phases of a new scientific development, may serve to launch a breakthrough, either into new areas of experience or into new techniques and methods of comprehending experience. (It is in this sense that Freud's achievement was so titanic; and he will remain 'the Columbus of the mind' even if future generations reject or alter his basic concepts and methods.) But, to retain the military symbolism, the massive break-through does not always result in the consolidation of the newly won area. The latter task requires a refinement of concepts and methods—in brief, validation.

Thus, as Schmidt (47) has recently pointed out, and as Freud well knew, the meaning of 'scientific method' is twofold: it refers to the techniques of discovery and to the techniques of verification. Similarly, Woodger (57), in referring to the techniques of discovery, points out that an important hypothesis may not be 'true' (in the degree to which it corresponds to certain facts or processes, or in its low degree of probability); yet it may be of signal importance because it leads into new scientific realms or techniques.

Unfortunately, the tendency toward massive generalizations and inexact terms may become an end in itself; and, since confirmation or refutation is impossible, sects and other schisms follow; or certain generalizations and hypotheses are labeled 'pessimistic' and 'extremist', while others are described as 'optimistic' or 'conservative' (38, 39). The ensuing polemics may

⁹ Mental health—to repeat—is a psychocultural as well as an organic concept and can be meaningful only in a specific cultural context. To ignore the socially adaptive quality of the psychic apparatus is to fall into the relativistic fallacy that a 'sick' (passive) Kwakiutl would be a 'healthy' Zuni, or that a 'sick' (aggressive) Zuni would be a 'healthy' Kwakiutl. In either case, a serious failure of adaptation is implied, and individual function is impaired; yet the meaning of human adaptation is a complex problem.

provide considerable satisfaction or entertainment; but such diversions are harmless only if the polemicists appreciate, as they rarely do, that they are talking past each other, or that they may have only an intuitive grasp of the problem, or that they have chosen sides in a scientific controversy because of deeply seated unconscious needs.

II

The concept of instinctual 'subjugation', with all of its political and social implications, was roundly challenged by Wilhelm Reich (42, 43). He saw repression and renunciation as the basis of 'patriarchal-authoritarian culture', but not of culture in general. It is not necessary to enter into a discussion of Reich's psychiatric theory or of the psychopolitical philosophy which he elaborated in pursuit of 'de-subjugation'; but it must be conceded that the logic of his reasoning is clear. It should also be noted that Reich's viewpoint and philosophy derive from the broader psychoanalytic position which admits that 'in general we have no cause to deny the hostility of analysis to culture'.

Culture involves neurosis, which we try to cure. Culture involves superego, which we seek to weaken. Culture involves the retention of the infantile situation, from which we endeavor to free our patients (44).

Reich, of course, carried this much further, and into areas where many of his colleagues did not wish to tread: namely, an active hostility toward the social system, including its moral and sexual values, which is allegedly responsible for instinctual subjugation. The broader psychoanalytic 'hostility to culture' is rarely concerned with doctrinaire politics or will-o'-the-wisp Utopias. It sees the human dilemma (e.g., the *œdipus* complex) as transcending cultural variations; and it addresses itself toward a heightening of mature creativity and self-consciousness, insight, and that type of adaptation (to internal and external reality) which is not synonymous with an unquestioning conformity to infantile or cultural values.

Although Reich has translated this into a revolutionary phi-

losophy with considerable emphasis on acting out, he has placed his finger on the cultural values which enter into psychoanalytic theory and therapy—for example, the limitations on the latitude of direct sexual expression which is permitted to adolescent girls in certain strata of western civilization. In taking issue with the freudian thesis that the bringing into consciousness of repressed sexual desires makes possible their control, Reich cites the case of an adolescent girl in Nazi Germany, the daughter of a prominent official. She suffered from hysterical attacks which her analyst ascribed to unconscious incestuous strivings. In discussing the long-term goals of such an analysis—goals which transcend the lifting of the hysteria—Reich asks:

But what happens to the sexual need? . . . When the girl, with the aid of the analysis, frees herself from her father, she liberates herself only from the toils of her incest wish, *but not from her sexuality as such*. Freud's formulation neglects this basic fact. . . . [It] postulates a renunciation on the part of the girl of all sexual life. In this form, psychoanalysis is acceptable even to the Nazi dignitary and becomes, in the hands of analysts like Müller-Braunschweig, an instrument for the 'breeding of the heroic human'. This form of psychoanalysis, however, has nothing in common with that psychoanalysis contained in the books which Hitler had burned. The latter kind of psychoanalysis, not hide-bound by reactionary prejudice, states unequivocally that the girl can get well only if she transfers the genital desires from the father to a friend with whom she satisfies them. . . . [And] it is not sufficient that the girl have a free genital sexuality; she needs, in addition, an undisturbed room, proper contraceptives, a friend who is capable of love, that is, not a National Socialist with a sex-negative structure; she needs understanding parents and a sex-affirmative social atmosphere; these needs are all the greater the less she is in a financial situation which would allow her to break through the social barriers of adolescent sex life (43, pp. 14-15).

The positive or negative correlations between culture and renunciation which have been alternately postulated by Freud and Reich require further cross-cultural and multidisciplinary

study. Neither correlation has been demonstrated with any scientific validity. The larger theoretical dilemma is however resolved in particular cases by a necessarily therapeutic pragmatism. In clinical procedures the concept of psychocultural adaptation is applied, whether consciously or unconsciously. Sex or sexual maturity is estimated by the therapist as a social and economic matter (as well as a biopsychic one) which varies culturally and subculturally.

Reich rebukes those German psychoanalysts who attempted a *Gleichschaltung* between psychoanalysis and the Nazi ideology (though this, too, might be held to be a manner of adaptation); and he points to 'the contradiction between the scientist and the middle-class cultural philosopher in Freud' (43, p. 14). We believe that this 'contradiction' (or socioscientific synthesis) is typical of most applied sciences, including the practice of medicine. No therapeutic procedure can be logically equated with the amoral and asocial 'pure sciences'.

The concept of 'subjugation' has more recently been challenged by Marcuse and Fromm, individually and in polemic exchanges (16, 17, 18, 32, 33, 34). Without evaluating these re-interpretations of Freud, which can be judged on their own merits, we are confronted here with a series of antagonistic but ultimately Talmudic exegeses. Each writer cites a different part of Freud's work, and each reaches a different political and philosophical conclusion. Marcuse thus accepts the label of 'human nihilism' (34, p. 81) to describe his rigorously argued thesis. Fromm appears to be arguing for some private type of Utopian socialism (actually a projection into the future of a collection of copybook quotations from the Hundred Great Books or the like), against which he measures—and finds wanting—the present and the past. Fromm provides, in fact, an adroit and uplifting mixture of sociological and psychoanalytic concepts, but without clarifying or resolving the problems of either discipline or the area where they overlap.

Since Marcuse and Fromm agree—like the communists, whose position neither shares—that Freud did not offer a critique of

the socioeconomic structure of contemporary society, it is possible to play the game of exegesis and quotation with them and to cite lines in Freud's work which have serious, if not revolutionary, implications.

It need not be said that a culture which leaves unsatisfied and drives to rebelliousness so large a number of its members neither has a prospect of continued existence, nor deserves it (13).

I submit that such a game is sterile. The clarification which results is apparently inversely proportional to the degree of satisfaction achieved by the polemicists.

The differences between Marcuse and Fromm, and between Freud and Reich, nevertheless arise from the confusion of science with cultural values. To the degree that psychoanalysis is a science of human behavior, it is amoral and asocial, concerning itself solely with the discovery and verification of psychic facts and processes. As psychoanalysis is also a therapeutic technique motivated, like medicine in general, by goals and values which are culturally derived, it must in this role suspend scientific amorality and take sides among the various psychic (cultural) processes that are producing the symptom.¹⁰

The scientists and the therapists are moreover in no manner debarred from taking opposing sides in political controversies, especially if they regard certain social forces as detrimental to themselves or to their work. As a therapist, at any rate, the analyst is using his scientific knowledge and training as an agent of society—as a parental substitute in fact—who tries to correct the too much or too little of the true parents and others who profoundly influenced the development of the patient during the years when he was most helplessly susceptible to environmental influences.

III

Before exploring the amoral nature of science, or the meaning which this amorality has for psychoanalysis, we must return to

¹⁰ Dingle (8) has written cogently on the difference between medicine and the pure sciences.

the problem of adaptation which is a corollary of instinctual subjugation or privation. Adaptation is difficult to define because it has denotations and connotations which are derived from psychology, biology, and anthropology.

Since, in psychological terms, adaptation is the measure of optimal functioning, it is a balance between internal needs and external demands. It is not, however, necessarily synonymous with social conformity. Unlike the cultural relativists who have dominated so much of recent anthropology, freudian psychologists do not equate adaptation or optimal function with standard patterns of behavior (statistical in concept if not in fact) which characterize a specific culture (35, 38). The freudian approach to the concept of normality is not limited to such criteria as conformity or statistical norms; it is not indifferent to social adaptation, but it also inquires into such related and superrelativistic criteria as genital primacy, integration, the absence of anxiety, and the like.

In a 'sick' or 'neurotic' society,¹¹ social conformity may occur at the cost of optimal function. Thus, the antigenital attitudes of contemporary western and other civilizations may be described as dysfunctional. Similar antigenital attitudes have also been noted among precapitalistic hunters and gatherers as, for example, the aboriginal Yurok of northwestern California (37, 40, 41). Although some degree of social adaptation is a necessary adjunct of optimal function, such social adaptation is closer in meaning to the reality principle (prudence) than to unquestioning conformity. In some instances, psychic adapta-

¹¹ Such concepts find no favor among those anthropologists who are committed to cultural relativism. On the other hand, the concepts of 'anomie' and 'social dysphoria', introduced into the social sciences by Durkheim and Radcliffe-Brown respectively, address themselves boldly, and in nonpsychiatric terms, to the problem of the 'sick' society.

This paper was already in press when a most significant contribution to psychiatric anthropology came to my attention: Devereux, George: *Normal and Abnormal, The Key Problem of Psychiatric Anthropology*. In: *Some Uses of Anthropology: Theoretical and Applied*. Washington, D. C.: Anthropological Society of Washington, 1956. Devereux demonstrates that an absolute norm of sanity is compatible with anthropological concepts of culture.

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tion may be achieved through variable degrees of nonconformity. There are those people who place interpersonal or 'primary' relationships and certain subcultural and supercultural values above the values and loyalties required by the total culture or the state.¹² At any rate, complex cultures are not homogeneous; and the dichotomy between ego and society appears to be a characteristic of complex, stratified culture.

In its biological dimension, adaptation is a physical process dependent on the mutual fitness and interrelationships of organism and environment. It is an amoral and infrarational process which operates without any complementary system of ethics and values. Among animal or insect populations, adaptation or maladaptation is governed by the genetic transmission of instinctive traits. Man's uniqueness does not rest on the absence of genetic selection or transmission but on the fact that he has no fixed hereditary psychic reflexes of personal and environmental adaptation. His relationship to his fellows, and to his intrapsychic and external environments, is, in other words, mediated by culture. To describe culture as 'social heredity' is only meaningful phylogenetically.

In a two-dimensional diagram, the mediation of culture between organic man and his physical environment is easily misrepresented; and culture, whether it is interpreted as a shield or a weapon, becomes reified. Multidimensional models are needed, for culture is a series of processes which are variably internalized by different individuals (channeling their drives and genetic potentials), and also externalized in various techniques of adaptation. The locus and intensity of stress is thus shifted from the physical environment to the culture, which in turn creates further stresses of its own, whether internal or external. Since culture is less stable than the physical environ-

¹² It is notable in this connection that some European analysts resisted Hitlerism and emigrated; some remained and attempted a synthesis of psychoanalysis and Hitlerism. The adaptation of one group was not the adaptation of the other. The apologists for Hitler placed a high value on social conformity or simple prudence.

ment, it follows that human adaptation is not only less genetically determined but also more tentative and unstable than animal adaptation.

The evolutionary consequences of this tentative human adaptation, and the fallacies which are implicit in the concept of 'social homeostasis', have been discussed by Henry (25).

As I see it, the crucial difference between insect societies and human ones is that whereas the former are organized to achieve homeostasis, the organization of the latter seems always to *guarantee and specifically provide for instability*. And this is the hub of the matter from the standpoint of human evolution: life stresses bring about important physiological changes in the human organism. These can become hereditary through selective processes, and only organisms that can adapt to the stresses and the ensuing changes will survive. But since human society and culture determine the nature of the stresses, and since human society is unstable, the stresses on the organism are always changing. Hence physiological adjustments are always changing, and hence biological selection is always taking place in terms of the changing stresses that are produced by the perpetual instability of human social systems. Thus we reach the conclusion that *man evolves physically in terms of a perpetually unstable social life*, as well as in terms, perhaps, of inherent tendencies of the organism itself to change.

It is thus impossible, in view of the instability of human society and culture and the tentative quality of human adaptation, to equate biopsychic adaptation and social conformity for, as indicated, they may be antagonistic under certain conditions, or even inherently antagonistic. This would be especially meaningful if psychosomatic ailments ('the diseases of adaptation') are used as a criterion (23, 25, 50).

In the 'culturological' extreme represented by White (55), adaptation is assumed to be largely unconscious, and the individual or society is so heavily predetermined by the superorganic system which is culture that the question of controlled or rational change is hardly less irrelevant than in astronomy. And,

although White demonstrates a quantitative and qualitative increase ('evolution') in energy potentials over the course of human history, it is not clear if an increase in the 'efficiency' of personal relationships or of intrapsychic processes has also taken place. It is in the psychological dimension that man experiences and considers the implications of adaptation, and he finds that the problem is inadequately resolved unless it is correlated with an individual or collective system of values. Yet these cannot be derived from amoral science; and, on the level of man, even the simple criterion of personal survival is not subjectively meaningful in every instance.

Our growing awareness, as scientists and citizens, of the relativity of values makes the ephemeral values of today as unsatisfactory as the supernaturally sanctioned values of yesteryear. This dichotomy cannot be bridged by the pure sciences. Psychoanalysis, however, because it stands with one foot in the camp of pure science and with the other in value-oriented therapy, can provide rational and authentic values; and it is eminently suited to span the gap between ethical relativity, which is purely descriptive, and those absolutist values which claim universal and supernatural validity (9, 38).

Culturalists and 'environmentalists', whether in psychiatry or the social sciences, frequently argue that psychoanalysis is trapped in psychic determinism and biological reductionism, and ignores the cultural milieu. It is clear nevertheless that the cultural milieu, which is never uniform or identical for any person, begins to be internalized very early in infancy and becomes a part of the psyche. Since members of the same family do not experience or acquire culture uniformly and homogeneously, the degree and quality of enculturation varies even more widely if regional, racial, occupational, class, caste and other differences are taken into account. (To these subcultural factors must also be added the relevant differences in genetic constitution and those situational determinants which include the unique experiences of each individual from birth.) For these reasons, and others, the so-called 'cultural psychology' of Hor-

ney, Fromm, *et al.*, which treats culture as a homogeneous entity analogous to a blanket, is even more seriously deficient methodologically than the classical ('orthodox') psychoanalysis which concerns itself primarily with libido theory and the nuclear aspects of the œdipus complex.¹³

As a therapeutic technique, psychoanalysis is thus concerned with an optimal degree of individual adaptation to a given culture at a specific time and place. It aims at a relatively unique adjustment for each analysand and considers (more correctly, takes for granted) the regional and class differences which are subsumed within a national culture. In view of the uniqueness of each analysand, and of the unique combination of determinants (physical, sociocultural, and situational), only variable degrees of adaptation may be postulated. Only a rule of thumb formulation (the ability to love and work) is thus available when the psychocultural adjustment of the analysand is considered; and only a similar rule of thumb formulation is possible when the adaptation of the psychoanalyst is questioned.

Hartmann has pointed out that adherents of different philosophies and of different political and religious denominations may be competent analysts, and he considers it unrealistic to expect that the analyst cannot share some of the prejudices of his culture, nation, social class, or age group. But he cautions against an excessive conformity—'too strong a bent toward general conformism, or conformism beyond a certain threshold' (24, p. 45)—which can create a disposition unfavorable to psychoanalytic work. Such a caution is conspicuously meaningful in the United States during the present generation.

Hartmann's remarks have pragmatic value, but they leave certain aspects of the problem unresolved. He does not, for example, clarify the differences between adaptation and conformity, or between 'normality' and maturity. Therapy which brings

¹³ Gervais (20) concedes that Freud is partially guilty of ignoring social and cultural factors; but he points out that these charges have been exaggerated and that the 'culture psychologists' are even more heavily burdened by the same faults.

The difficulties inherent in any 'synthesis' of psychology and anthropology will be appreciated after a perusal of Kroeber and Kluckhohn (30).

the patient to some degree of adjustment to a 'sick' society may be more positive and functional than the state in which the patient operated before therapy; but such a 'cure' does not constitute the maximal benefits which may properly be expected from psychoanalysis.

Analytic therapy reduces conflicts among the ego, id, and superego, and it enables the individual to function 'harmoniously' in his environment—that is, to coördinate his internal and external environments. With sufficient ego strength, variable degrees of conformity or nonconformity are possible; and under such a condition, even extremes of conformity or nonconformity are not necessarily dysfunctional. Culture may be viewed in internal or external terms, or both, but a reciprocity between the organism and environment is always involved. Thus, in view of the overlapping and reciprocal relationship between psyche and culture, it is conceivable that a cultural milieu can be productive of psychic dysfunction, with this dysfunction becoming perpetuated and intensified with time.¹⁴ In a pathological socio-cultural milieu, is not the therapy of individuals only a partial aspect of the social and scientific function of psychoanalysis?

Since conformity is not necessarily synonymous with reality testing, the problem is not one of conformity vs. nonconformity. Nor does the possible conflict between the individual and society preclude a functional and positive adaptation. Certain social values are contradictory or are undergoing changes; and there are also areas of volition in which some values are more highly cathected than others. Similarly, every culture, primitive or complex, has formal or informal patterns of deviation. Culture is never a blanket because values are variably internalized.

Political values, however, being a superstructure to variable social values, are less flexible. Whereas social values may or may

¹⁴ Though Reich sometimes paints Freud as an apologist for middle-class 'authoritarian and patriarchal culture', it is clear that Freud recognized (and was perhaps 'pessimistic' about) the fact that increasing cultural repression releases increasing destructive forces. The present century has demonstrated the reality of this danger, which lends a special urgency to Marcuse's (32) pleas for a nonrepressive culture.

not be institutionalized, political values are always institutionalized (by the state and its various agencies) and deviations from them result in specific punishments. In times of crisis particularly, the political values and certain social values which become assimilated to them require unanticipated decisions about conformity and adaptation. Whether the crisis be social, economic, political, or military, a need develops for a 'united front', with the result that real or superficial conformity takes precedence over individual needs and initiative. Because such crises can last for generations, their psychic consequences cannot be ignored—not in this century, at any rate.

It is obvious that the conformity or collectivity which is engendered and exploited by the state, especially in times of crisis, puts a curb on individual responsibility and conscience (12). Leo Alexander (1) is apprehensive lest scientific amorality bring the scientist to the abyss where utility is preferred to the moral good; and he implies that scientific amorality was responsible for the Nazi policy of genocide, and for people like Dr. Karl Brandt, whom Alexander describes as Hitler's plenipotentiary in charge of extermination. Brandt's conversations with Alexander (p. 89) nevertheless reveal that his exaggerated loyalty to the German state spared him from feelings of guilt. In other words, political values, rather than amoral science, underlay the Nazi violations of medical and social ethics.

We need not explore the ethical dilemmas which are inherent in political allegiances and nationalism. The immediate problem is this: science can turn human beings into soap; but whether this shall be done is not a decision for the scientist. Similarly, a physicist teaches engineers how to build bridges; whether the bridges shall be built, where, when, and why, are matters which have no bearing on physics or engineering, for a bridge may be built to create employment, to win an election, or to line a politician's pocket. And even when the scientist is a government consultant, he may recommend on matters of method but he does not set goals or make policy. As it is sometimes put, he may give advice—but he takes orders; and he can

also quit when his personal values are outraged. Brandt was not outraged by his tasks because he placed his political allegiance above medical ethics or simple compassion. He was a good and loyal German from the viewpoint of the German state!

It is also evident that Hartmann's pragmatic formulation begs the question—for what is a reasonable or excessive degree of conformity or nonconformity? To the extent that this is partly an individual matter and partly an ethical problem, the question cannot be answered with any scientific validity; and the rule of thumb formulation is perhaps the only possible solution, as it is in many nonscientific areas of life. Each professional organization thus can (and does) decide at what point a member's deviations threaten either his professional competence or the coherence of the profession. Yet such a procedure is more meaningful in the applied sciences than in the pure sciences. For example, a communist psychiatrist may not be acceptable to his colleagues because so much of his personality and system of values enters into the therapeutic situation. A communist physicist, on the other hand, may understandably be *persona non grata* to the government, but his professional and scientific competence is not necessarily impaired as a consequence of his political beliefs.

Although the philosophers of communism despise as 'bourgeois' those who differentiate between the pure and applied sciences, there is no question but that physics, chemistry, mathematics, and astronomy can be taught identically in communist and noncommunist countries, despite the ideological trappings and goals which may irrelevantly be introduced; whereas the applied sciences, including therapy, rest on specific goals and values, and can be taught and applied variantly within different social systems.

Jaspers (28, 29) and other proponents of the 'new' religion may choose to equate communism and psychoanalysis, despite the hostility which has long existed between the two. Such spurious equations will not turn back the clock or even impress those who are versed in politics and science. The essential point, however, is that psychoanalysis, as a therapeutic system shaped

within a specific culture, can be used to raise communists, Nazis, and democrats; whereas as a science of human behavior, it can and must have the austere amorality of the pure sciences.

Although there are differences in temperament between those who aspire to dogmatic creeds and those who are motivated by scientific or therapeutic interests, these differences are not absolute; nor should we ignore the fact that social rewards accompany the practice of science or therapy, whereas such rewards must be foregone by those espousing unpopular religious or political creeds. At any rate, psychoanalysis, like any other profession, has had its fair share of adventurers, political extremists, and the like, including incompetents. The immediate problem under discussion is not the putative inhibition which a religious or political dogma may exercise on scientific or therapeutic work, but that values of any sort—extremist or conservative, socially acceptable or not—have no bearing on the work of pure science, whereas values and goals are an inherent aspect of the applied and therapeutic sciences. Psychoanalysis, standing athwart the pure and applied sciences, is thus confronted with difficult problems.

Hartmann's pragmatic compromise (the phrase is not used invidiously) requires a necessary and proper differentiation between science and 'common sense' (24). The latter includes the socially shared knowledge and usages of a given culture at a specific time. Since every adjustment to life is based upon and determined by the reality principle, we must note that the reality principle includes two aspects of experience: physical and technological reality, including science; and sociocultural reality. The latter is less absolute or stable than it appeared in the second half of the nineteenth century; yet it is also true that even the physical sciences have experienced 'crises' in the past seventy years.

Every culture, primitive or complex, must to some degree restrict and renounce the pleasure principle in favor of the reality principle. But what is an individual or a society to do if that part of the reality principle which has been developed in science



and technology moves into, or grows at the expense of, that part of the reality principle ('common sense') which is concerned with sociocultural usages, interpersonal relationships, and the like? I do not refer to those who use intellectualism and rationality as an ego defense, or as an exhibitionistic and aggressive weapon, but to the progressive secularization of everyday life in the past four hundred years and to the intrusion of science and technology into ever-increasing areas. The contemporary medievalists, among whom I have listed (38) Jaspers, Jung, Toynbee, *et al.*, yearn in variable degrees for the precapitalist, pre-Protestant stability of medieval Europe and its folk culture; and there are not wanting those who would describe the work, say, of Freud or Bertrand Russell as moral and social cancers. Even worse was said of Darwin.

There is no use pretending that science is not socially unsettling to some degree; so is genius (38). Science must ask questions relentlessly, must challenge traditional views and 'common sense', whereas society requires for its stability a general unquestioning acceptance of traditions. This problem is as old as Plato's Republic and antedates the historical development of science since the Renaissance. It cannot be resolved by a flight into religion or medievalism. Even stable, theocratic societies have gone to seed; and neither the torch nor the Index has halted the modern development of science or the progressive secularization of nominally devout societies which lie outside the Protestant or capitalist orbit.

Science is not only a body of knowledge, largely provisional, but a method of investigation. As such, it may address itself to any and all types of behavior, but it cannot, of course, answer numerous personal and subjective questions which hinge on values and which are important in many areas of life. To the laity, therefore, science presents a Janus-like duality: it has the face of a redeemer when technological improvements follow from scientific research; and it presents the face of a destroyer or betrayer when it denies the scientific validity of virtue, religion, 'human rights', and so on—as it must—because the latter

rest, not on empirical facts and verifiable processes, but on changing values and opinions.

It is in this sense that Chisholm (5), speaking as a scientist, is justified in saying that the scientists of this generation (I should say, of any generation) 'have no obligation to admit superiority of knowledge or wisdom in any body of traditional belief or authority . . . everything we think and do and believe should be looked at'. Chisholm adds also that 'we cannot afford to squander our best brains on psychotherapy', except in the interests of teaching, research, and preventive psychiatry.

Leo Alexander rejects Chisholm's 'sweeping and destructive generalizations . . . not only on the basis of their amoral implications, but also from the standpoint of practicality and truth' (1, p. 87). Alexander concedes that scientific truth is devoid of moral value, and that only the uses to which the truth is put possess moral connotations. He concedes further, that although the morality of truth and the morality of its practical applications may perhaps be luxuries which science cannot afford, it is just these luxuries which will save us (pp. 85-86).

Needless to say, there is no real conflict between Chisholm and Alexander. One is speaking as a pure scientist, and the other as a physician and a citizen. Although a certain admixture of scientific amorality, Christian morality, and psychiatrocentricity is manifest in Chisholm's general approach, a similar thesis has been argued by Russell and is incontrovertible, especially because it is shorn of all psychiatric referents and panaceas (46).

Respect for observation as opposed to tradition is difficult and (one might almost say) contrary to human nature. Science insists upon it, and this insistence was the source of the most desperate battles between science and authority. There are still a great many respects in which the lesson has not been learnt (p. 18).

The triumphs of science are due to the substitution of observation and inference for authority. Every attempt to revive authority in intellectual matters is a retrograde step. And it is part of the scientific attitude that the pronouncements of science do

not claim to be certain, but only to be the most probable on present evidence. One of the greatest benefits that science confers upon those who understand its spirit is that it enables them to live without the delusive support of subjective certainty. That is why science cannot favour persecution (pp. 110-111).

This, too, is amoral and asocial, but not completely deficient in 'practicality and truth'. Nor does it necessarily lead to the Hegelian or Nazi abyss where the utility of evil will make it preferable to the moral good. The scientist is not a scientist twenty-four hours a day, but suspends his amorality when he interacts in nonscientific relationships and institutions. He can suspend science and determinism in many areas of his life without thereby becoming irresponsible or irrational. In fact, large areas of his life are determined by variable degrees of conscious or unconscious conformity to socially shared knowledge and usage rather than by science alone. But to the degree that he is a pure scientist, rather than an applied scientist or a therapist, he must be ruthlessly amoral¹⁵ and asocial in his scientific work.

It follows, therefore, that a scientist's competence or the correctness of his scientific work can be judged only by his peers, and quite apart from the uses to which his work may be put by others. Einstein's scientific genius is respected by those who recognize his contribution to the making of the atomic bomb and are apprehensive about its military potentialities. If, however, the scientist offends his friends by his manners or conduct, holds unpopular opinions in the areas of religion and politics, or breaks the law, reprisals will follow, whether socially or officially.

The austere point of view expressed by Chisholm and Russell is, of course, most typical of the older physical or 'pure' sciences, but it is also valid in the social sciences and in the nontherapeutic aspects of psychoanalysis. It is less valid in those disciplines

¹⁵ Note the amorality which is characteristic of the market. The merchant or trader does not inquire into the sources of his customers' income, to what use the product will be put, the degree of need or deservingness, etc. With the growth of a network of credit, the phenomenon of 'character' (really a calculation of probability) enters but does not alter a profoundly amoral relationship.

(applied sciences and therapy) which are motivated by social values and aims. Thus, medicine, though buttressed by pure science, remains an 'art'; but it is also akin to engineering in that it applies scientific technology to the implementation of social values and goals. The cure is of pressing interest to the therapist, while the *research* physiologist or *research* psychiatrist, for example, is concerned with amoral facts and processes. The knowledge derived from the latter may contribute to therapy; but this should not obscure the differences between the two types of work, which are as distinct as astronomy and surgery in their respective goals and values (8).

The differences between medicine and pure science have apparently been forgotten by that historian of medicine (51) who has recently compared psychoanalysis to 'the cult of phrenology' and anticipates a comparable fate for it. Like all young sciences, psychoanalysis is characterized by polemics, 'schools', and the like. It is only in the past few generations that orthodox medicine, which has a longer history than psychoanalysis, has overcome most of these stigmata; but even medicine remains a hit-or-miss business compared to physics, chemistry, or mathematics. Such comparisons are invidious, and sufficient to each discipline are the methods and problems with which it labors.

The differentiation of therapeutic 'art' or technology from pure science is more significant if one subdivides medicine into the various sections which constitute a continuum: surgery, diagnostics, general practice, psychiatry, psychoanalysis. The transition is from manual and mechanical skills to verbal ones. This is not contradicted by the fact that the surgeon communicates verbally with his patient before and after the operation, or that the medical psychiatrist may supplement his work with surgical, pharmacological, or electrical techniques. Large degrees of social conformity or disconformity may be expected to have less of a bearing on the techniques and competence of the surgeon than on those of the psychoanalyst. This brings us back to Hartmann's rule of thumb, and to Chisholm's call for a science of psychiatry which will not be limited in scope to therapy.

Psychiatry and psychoanalysis are rooted in social usefulness and perhaps cannot divorce therapy from research at the present time. Yet medical practice has separated itself from medical research and from the nonmedical sciences without any violations of truth, practicality, or morals. Similarly, research and prevention are as important to medicine as the therapy of the individual, while some specialists in medicine (e.g., public health) may be totally unconcerned with individual therapy. In this connection, a student of epidemiology writes

No mass disease of man has ever been adequately controlled by attempts to treat the affected individual. Some progress can be made, there are ethical reasons for that approach, but if the objective is control of the condition in a population the fundamental approach is through definition of the nature and extent of the problem, the recognition of causative factors, and prevention. A program based on treatment of the exaggerated illness is temporizing and with no great promise of productive result; it is good clinical medicine but poor public health (21).

It is noteworthy that these comments were made during a conference, not on contagious diseases, but on alcoholism. They also have a bearing on mental hygiene in general and on Chisholm's opinions in particular.

It does not follow that those presently engaged in medical teaching and research, or in public health, have 'better brains' than those engaged in medical therapy. Such factors as academic and professional politics, temperamental inclinations, identifications, and 'accidents' of life experience and financial resources may play a part in such decisions. The importance of research is as fully acknowledged in medicine as are the individual, social, and ethical needs that therapy fulfils in treating the sick.

Until recently, therapy and research in psychiatry have operated together in the same skull, but with a change of hats; yet a separation of the two pursuits is feasible and desirable, as it is in medicine. It is not expected that psychiatric or psychoanalytic research will divorce itself completely from therapeutic consid-

erations; but to the degree that such research is amoral and asocial, the more will it sharpen and refine the techniques of therapy. The training of research specialists is not thereby precluded. Recruited in part from the social sciences, these could play an important role in the multidisciplinary study of human behavior.

If Chisholm's formulation is too austere, a more poetic expression of the same concepts may be found in Groddeck:

But psychoanalysis, and this cannot be repeated too often since the tendency is to forget it, has more, and more important, spheres of work than that of treating the sick; it is, there can no longer be any doubt, the open road, and the road that must be used, for the investigation of human nature, and so for the investigation of the world, and it is the road open to all who wish to unlearn hatred and to learn love (22).

Perhaps the climactic irony of the entire situation is that, in the United States at least, while psychoanalysis is being monopolized by the medical profession and therapeutic considerations are dominant, an American anthropologist who is a specialist in 'personality and culture' has recently decided that psychoanalysts, medical and lay, can make no contribution to this subject, the reason being that they are irresponsible and shameful when they venture into the social sciences (48).

IV

The significant differences between science and values can best be illuminated by reference to the two controversial topics, politics and religion.

Although it may be argued that political radicalism is a patterned disconformity and therefore a minority or subcultural type of conformity, it is perhaps more illuminating to view the political radical as pursuing social adaptation at the price of social conformity. At any rate, it is not the proper business of any mature science, physical or social, to pass on the merits of competing political or religious creeds. In England and in western

Europe, there are a number of highly respected scientists who are professed communists. Although œdipal roots for such a political choice have been postulated and may be significant where sufficient biographical data are available, it does not follow that every communist outside the Russo-Chinese sphere of influence is psychopathological. Similar œdipal conflicts may lead others into conservative or reactionary political parties and into highly respectable callings like the ministry and the army. A voluntary adherence to an anticapitalist party in a capitalist country, or a conversion to Catholicism in a Protestant country, is within the realm of legal choice. If some psychopathology is involved in such a choice, and it need not be, this is a problem for the therapist and patient to work out between themselves. If no serious dysfunction is involved, and if the patient understands the deep-seated motives and drives which are operative within him and have contributed to his atypical political or religious adherence, the problem ceases to be of therapeutic interest.

No immunity from political authority or social pressure is thus acquired, and the adherent can hardly expect it. The state monopolizes the right to judge treason; the church, heresy. Science is concerned with neither. As a citizen or a churchgoer, the scientist is entitled to the same political and religious privileges as the day laborer; but it is dangerous for him to expect that science can validate his political or religious beliefs.

A psychoanalytic study of Lenin's life, for example, can reveal the infantile sources of his adult behavior; it cannot, however, by the same methods, judge its propriety. The study of motivations, and of the ensuing behavior, is scientific; the appraisal of this behavior, whether we approve or condemn it, is ethical. In this sense, any judgments—whether based on hedonism, utilitarianism, and so on—are not scientific. Ethics and values are as essential for the individual as for the culture and they are as important as science in the totality of human life, but they should not be confused with science. The putative psychoanalysis of communism may be insightful in particular instances; but

it cannot confirm or deny its validity as a political philosophy. Communism can and must be judged by contrary philosophies, neither of which can aspire to scientific validity.

Similarly, the psychology (or history, or sociology) of religion cannot deal with a supernatural causality which transcends all empirical requirements. Science can study the nature, structure, and function of religion; it can inquire into the individual and social origins of religion; it can correlate religion with other aspects of the culture; and it can attempt classifications of religious experience, degrees of institutionalization, and the like. It can even differentiate, by rough criteria, the pathological religious symptom from the nonpathological. But it cannot appraise the truth or validity of religious ideas and practices.

We are long past the point in history when a blatant atheism or vehement anticlericalism seemed necessary in the interests of science. In fact, the wheel has turned so far that religion is once again fashionable. Eminent scientists and mathematicians now find a personal or impersonal deity in, let us say, a test tube or an equation. This is unfortunate because the theism, deism, agnosticism, or atheism of the scientist are as irrelevant in the physical sciences as they are in the scientific study of religion. Science, physical or social, nevertheless ignores supernatural causation, and inevitably makes inroads into faith. Secularization follows on the heels of empiricism; but areas of life remain where ritual, poetry, and many other forms of emotional communication and interaction remain meaningful.

In the second half of the nineteenth century, when Darwinism began to rout its enemies, it seemed to some (including Freud) that religious ideas were antithetical to the complete intellectual and emotional development of the individual. This has not been confirmed conclusively. There have been men of great intellectual attainments who have been religious to some degree, although their degree of 'awe and wonder' might not always meet the formal requirements of certain religious denominations. The relationships between anxiety and magical thinking grow progressively clearer (36), and we should perhaps be

grateful to religion for minimizing the regression toward undisciplined, dysfunctional, and purely private forms of magic.

Freud's opinions on religion are so well known that they are periodically contested by the editors of weekly magazines. Although he was prejudiced against religion (and it is possible to share his prejudice while recognizing it for what it is), his work represents nevertheless a valid if tentative approach to the psychology of religion. If psychoanalysis aspires to be a science of human behavior and not merely an adjunct of medical therapy, it must study religion, as it does other forms of behavior, with the objectivity of the naturalist. Freud's observations on religion do not, by his own admission (13), exhaust the nature of the problem; the various dimensions of religion require further scientific study, and not merely by the use of brilliant analogies. Such a study cannot concern itself with the propriety or impropriety of the various shades of religious belief or disbelief which are characteristic of contemporary western culture.

In this sense, Freud's prejudices are as irrelevant as Toynbee's biases. It is significant of the intellectual climate of our times, however, that the right to disbelieve requires as much (and perhaps more) protection as the right to believe, and that Toynbee, with Jaspers, Jung and other Protestant intellectuals may be found in the camp of those theologians who are returning to the twelfth century for their model of society and religion. Toynbee, in fact, by pretending that society exists for the church, is nothing short of a medievalist; but it is never clear in such a work what the nonmedieval answers to contemporary problems may be. The use of theology and revelation in the struggle against personal anxiety and social evils is valid, while the subtle interweaving of theology with history, philosophy, or the social sciences is a violation of the basic premises of scientific method. It is noteworthy, therefore, that Canon Roger Lloyd has recently written: 'Dr. Toynbee's long historical study and unrivalled immensity of historical knowledge has now led him to the point where the historian is barely distinguishable from the theologian' (31).

Just as science does not deal in values or ethics, it is not adequate to 'first causes', genesis, essence, purpose, or 'totality'. The last is sometimes described as a 'fundamental', 'transcendent', or 'basic' reality. If such there be, it is clearly not accessible to the rigorously delimited methods and investigations of science.

Ayer (2) has helped to clarify this problem by pointing out that science and logic can neither support nor refute religion; and that theism and atheism are irrelevant to sober empirical work. No critique of ethics or religion is intended; yet it is important to indicate that ethical and religious concepts, like æsthetic ones, have no factual meaning. They are not 'significant propositions' (i.e., statements of fact or process which can be verified or refuted empirically), but 'nonsignificant' expressions of value, beliefs, or acceptances (57). In other words, God is a nonsignificant term—akin to such 'facts' as 'Honesty is the best policy' or 'I prefer Bach to Beethoven'. We may approve of, and aspire to, various ethical, religious, and æsthetic concepts in the nonscientific aspects of our daily lives; but to the extent that these concepts are without significance, they may be defended with blood, yet they still remain meaningless and indefinable in the scientific sense. It is also clear that those who try to synthesize 'evolution and ethics' (27) are trying to reconcile basically incompatible concepts.¹⁶

From this point of view, the Thomist dichotomy between reason and faith, or between science and values, remains valid and is considerably more sophisticated than many contemporary pronouncements from those who are, so they say, synthesizing science and religion. The Thomist formulation is perhaps even more sophisticated than the deistic compromises that were achieved during the 'age of reason'. Deism, which remains fashionable today, postulates a Maker or a First Cause, except that such Maker or Cause is not considered relevant to the empirical study of lower-level phenomena. This tradition, despite its original tendency to postulate 'special creations' to account for dis-

¹⁶ This has been carefully discussed by Ayer (2) and Woodger (57), and especially by Stevenson (53).

crepancies between the sacred literature and scientific evidence, bears an ironic and analogous similarity to the primitive concept of the 'otiose deity'. According to this formulation, which is characteristic of certain hunters and gatherers, the physical world and all human institutions were created by one or more deities—frequently, a pair. The creative and divine qualities of these deities are generously acknowledged; but prayers and the like are considered futile, because these omnipotent deities, after their acts of creation at the beginning of time, promptly went back to sleep; and they have since remained at ease or asleep. This, too, is a kind of crude deism. Contemporary deism may or may not be sound theology, but it is certainly good manners and 'common sense'.¹⁷ For these reasons, and others, the acute remarks of Wittgenstein (56) remain pertinent.

Most propositions and questions, that have been written about philosophical matters, are not false, but senseless. We cannot, therefore, answer questions of this kind at all, but only state their senselessness. Most questions and propositions of the philosophers result from the fact that we do not understand the logic of our language. . . . And so it is not to be wondered that the deepest problems are really *no* problems.

The ambiguity of language permits not only a synthesis of the incompatible, but it also leads to a confusion between metaphor and proof. Psychoanalysis and the social sciences are permeated with large amounts of reification and anthropomorphism. It is not expected that these can be eliminated in a day, but we should be wary of them. We can take hope from the knowledge that the physical sciences were also confronted with, and surmounted, the ambiguities of language.

The importance of mathematics need not be emphasized, and any tendencies toward quantification are of interest; but the complex problems of psychoanalysis and the social sciences still evade algebra and calculus. Interaction theory (3, 4, 26) has clari-

¹⁷ I have also learned that 'it is fairly clear that deists of whatever pattern have the support of intuitive human judgment to a degree that the atheists do not' (49).

fied some of the data of sociology and anthropology by addressing itself to the quantification of interaction (in terms of duration, frequency, intensity, etc.). This is valuable, but it leaves many aspects of culture and personality untouched. There is, indeed, even the contrary danger of aping the physical sciences and applying mathematics prematurely and with futile results. It would be sterile to count the number of hairs on a dog's tail, even though an average number for a given breed could be ascertained. Biological taxonomy settles in this case for a rough and verbal approximation—e.g., 'bushy'—and it is not necessary to call in a corps of mathematicians to differentiate a collie from a Chihuahua.

Perhaps the worst abuses of language are current among those who are trying to synthesize science and religion. Coulson (7) tells us that science is essentially a religious activity, though not the whole of religion, and that many scientists remain unaware of the religious nature of their work. His proof rests on the statement that science, like religion, seeks to tie 'facts' together by means of unifying 'concepts' and that the underlying assumptions of science are 'moral' and 'spiritual', as honesty, humility, hope, patience, coöperation, etc. Similarly, men of considerable scientific competence and eminence probe 'the biology of the spirit' (52) or 'the biology of ethics' (19). These minor aspects of contemporary medievalism put the Thomist and Cartesian dichotomies of the past into a most sophisticated and progressive position.¹⁸

One also hears that the *œdipus* complex is only a modern version of original sin, and that the libido lacks an organic locus and is therefore as meaningless a concept as the soul. It is not enough to say that these analogies are false because the *œdipus* and the libido are psychological concepts, while the soul

¹⁸ 'We really have no quarrel. We work in different fields, and we produce a number of semantic and conceptual difficulties. These difficulties come from the clinician who tends to speak of spiritual things in physiological terms, and from the religious leader who hates to hear of the physiological aspects of spiritual values, and who seems to wish to express so many psychobiological phenomena only in theological, moralistic terms' (58).

is a theological concept. Such an answer makes invidious comparisons between psychology and theology, or equates them in scientific validity. The essential point about Freud's hypotheses is that they are rooted in materialism, determinism, and causality, while theological hypotheses are not; also that Freud's work is biologically oriented. As a psychologist, however, he did not find it necessary that every psychological function be correspondingly equated with an organic entity.

The antideterminism and indeterminism which have crept into modern science need no documentation. Even if relevant to the behavior of certain particles in physical science (the Heisenberg principle), such concepts cannot appropriately be transferred to other areas of experience.

It is noteworthy that Collingwood (6), in chiding Eddington and Jeans for their 'subjective idealism', prefers the 'objective idealism' of Plato—and presumably the antiempiricism with which it is correlated. Platonic idealism is probably more sophisticated than the idealism of contemporary scientists who are apostles of the new religion; but neither is adequate to the day-to-day and year-to-year problems and methods of empirical science. The yearning for archaic solutions and compromises, however, is a subject with which the psychoanalyst is eminently familiar, and he will not be surprised to find that this yearning is frequently rationalized in the language of science.

It is, I think, as improper to dissuade a person from going to church as it would be to discourage him from consulting a physician or dentist. Yet it also seems clear that those scientists and therapists who attempt to lend scientific validity to religion (or antireligion) are insulting either their own intelligence or the hypotheses of their sciences.

SUMMARY

Certain lacunae in Freud's theory of culture are discussed. There is a need, not for massive and unverifiable generalizations but for a refinement of concepts and empirical validation. The differences between science and values indicate that the position of

psychoanalysis is a very difficult one: to the degree that it is a science of human behavior, it must be rigorously amoral and asocial; to the degree that it is a therapy, it must accept the orientations, limitations, and responsibilities of the prudent physician, who, though he is not a scientist, is a prince among pragmatists. Although the two aspects of psychoanalysis coincide, they should be conceptualized apart, and perhaps in time be separated. The antiscientific quality of the contemporary intellectual atmosphere is also discussed.

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THE ROLE OF OBJECT RELATIONS IN MORAL MASOCHISM

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I

'Moral masochism' is used in this paper as a general term for those forms in which masochism appears as a 'norm of behavior' (6) in contradistinction to masochistic sexual perversion or 'sexual masochism'. Freud defined moral masochism as the form that has 'loosened its connection with what we recognize to be sexuality', in which 'it is the suffering itself that matters'. However, the motivation is found in an unconscious feeling of guilt or need for punishment by some parental authority. Freud concludes that the œdipus complex is regressively reactivated and morality is resexualized. Libido is after all the driving force in moral masochism as well as in sexual perversion.

However, there are forms of nonsexual masochistic behavior in which a need for punishment in terms of the œdipus complex does not appear to be the primary motivating force and in which 'morality' is not manifestly involved. Other terms have therefore been proposed, such as 'social masochism' (Theodor Reik) or 'neurotic masochism' (Otto Sperling) or 'psychic masochism' (Edmund Bergler). In searching for more elementary psychodynamic mechanisms I find it impossible to draw a line of demarcation with regard to forces of morality. As the term 'moral masochism' has long been in general use and has outgrown the original narrower definition I see no reason not to apply it to all 'nonsexual' masochistic phenomena.

In psychoanalytic practice, however, the concept of masochism itself has become somewhat clouded because the term is often used for any form of self-inflicted neurotic suffering. The most frequent confusion is between moral masochism and obsessional

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neurosis. What, then, are the criteria essential for masochism?

Two main theories have been proposed. Freud's later concept was based upon the hypothesis of a death instinct. In the present state of our knowledge the assumption of a death instinct is a profound and stirring speculation, but it cannot be used for understanding the individual or in therapeutic work. If there is such a silent force within all living substance directed toward return to the inanimate, we do not have today the knowledge to comprehend in what ways and by what means it may produce a will to suffer or may be turned outward as a force of destruction.

Most analysts are inclined to follow Freud's earlier theory, which considers masochism a turning of the person's sadism upon the self, whereby the active aim is changed into a passive one and some person is sought as an object who takes over the original sadistic role of the subject. However, the turning of sadism upon the self is not yet masochism. Freud (7) has made an important statement on this point which apparently is often overlooked. He writes that in obsessional neurosis 'we have the turning upon the subject's self without the attitude of passivity toward another. . . . Self-torment and self-punishment have arisen from the desire to torture, but not masochism.' This means that masochism is not simply self-torment and self-punishment. A prerequisite for it is a relation to *another person*. This is the point of departure for my presentation. My thesis is that the other person does not enter into the picture only after the passive aim is established. The other person is a reality from the very beginning and is instrumental in bringing about the whole masochistic process.

The term masochism was introduced by Krafft-Ebing for the masochistic sexual perversion. Phenomenologically, the sexual masochist is in love or sensually infatuated with a person who gives him ill-treatment. The partner is always a sadist,—for example, a phallic woman with a whip,—or at least a person who does the masochist the favor of acting the role of sadist. The sado-masochistic performances depict in genital patterns

scenes between a love-hungry child and a parent who is cruel and punishing but also sexually complying. By that, as Rudolph Loewenstein (14) has pointed out, the parent figure undoes the castration threat and gratifies the incestuous genital desire.

What justifies the use of the term masochism for the non-sexual or moral form? First, there is no sexual masochist who is not also a severe moral masochist.¹ The perversion is a superstructure over a character formation which the pervert and the moral masochist have in common. This is evident in all descriptions of masochistic perverts, including the biography of Sacher-Masoch himself and the characters in his novels (2). But the analogy goes deeper.

In previous presentations (1, 3) I have proposed the view that masochism is neither a peculiar instinctual phenomenon (death instinct), nor the expression of a component sexual drive; nor is it the subject's own sadism turned around upon his self; it is, I suggested, in the sexual as well as in the moral form a disturbance of object relations, a pathologic way of loving. Masochism means loving a person who gives hate and ill-treatment. This is manifest in sexual perversion, and analysis makes it evident in moral masochism too, where the superego and transference manifestations take the place of an original sadistic love object. Masochism is the search for love or, in sexual perversion, for sexual pleasure, through the troubled medium of displeasure which originally was forced upon the subject and thereafter bends the search for gratification of erotic needs in the specifically masochistic direction.

Masochism (I shall speak henceforth only of the moral form) is the neurotic solution of an infantile conflict between the need for being loved on the level of oral and skin erotism and the actual experience of nonlove coming from the person whose love is needed. It is also a defensive structure against this need for love and experience of nonlove. Nonlove is to be understood

¹ The manifest character of a pervert does not always show this. There are some active and seemingly masculine types among them. However, this seems to be a compensatory reaction-formation analogous to the 'ulcer personality'.

in the widest sense of the word. There are cases in which a parent has been outrageously cruel to the child. In other cases milder forms of rejection have occurred, including traumatic events in weaning or toilet training, discipline against masturbation, absence of the mother (studied by Spitz), appearance of a sibling, demanding or overauthoritarian attitudes or oedipal defenses on the part of a parent, and many other forms of deprivation which may leave in the child a serious feeling of frustration and a lasting distortion of the relationship of parent and child. The constitutional intensity of the child's erotic needs is, of course, another important variable, and so is a re-enforcement of these needs by pampering preceding the frustration. I do not want to be misunderstood. I do not emphasize the environmental factors in order to deny the libido theory, as does the school of Karen Horney. I adhere strictly to the dual instinct theory. Both sides are important: the libidinal drive in the subject and its relations with the environment. In masochism, however, the decisive forces in the environment are the aggressive ones.²

The conflict between the infantile need for being loved and the experience of suffering at the hands of the love object is the basic and most clearly causal pattern in all the cases I have seen. The masochistic attitude is the bid for the affection of a hating love object. Childhood experiences of this kind result in a character structure that keeps the original situation alive through transferences to any person or set of circumstances. Masochistic suffering represents in the unconscious the original personal love object that once gave suffering. *Masochism is the sadism of the love object fused with the libido of the subject.*

² In reporting these observations at the midwinter meeting of the American Psychoanalytic Association in 1955, Dr. Martin H. Stein (16) remarked, 'This would imply that we should be able to find a truly cruel parent in the history of masochists'. The overstatement is not mine. What is meant by 'truly cruel'? Cases of severe and overt cruelty occur, but they are not the rule and may not be the most pathogenic ones for masochism; perhaps they are more likely to lead to rebellion or delinquency. In my cases I have seen the 'untruly' cruel parent, one whose ambivalence tends more toward the hostile side and enjoins ill-treatment or guilt upon the child under the guise of love.

Freud's concept which bases masochism upon an unconscious sense of guilt or need for punishment should be supplemented in two directions: 1, regarding the motivations of the sense of guilt or the need for punishment, and 2, its place in the ego and its relation to outside objects. To explain the sense of guilt from the œdipus complex alone is not sufficient. Our cases regularly show that the œdipus complex itself is under the influence of masochistic mechanisms of earlier origin. The same holds true for the castration complex.

It should be remembered that in the Œdipus legend the father's attempt to kill his infant son, the crippling injury he does to the child's feet, and his tearing the child away from the mother, precede the son's deed. It is the technique of the Greek tragedy, and apparently of myth formation in general, to illustrate with external events the motivations operating within a person. George Devereux, in his paper *Why Œdipus Killed Laius* (4), has dealt with the Œdipus legend in great detail. He calls attention to the widespread failure to recognize the parents' participation in the œdipus situation and to the adult's deep-seated need to place all responsibility for the œdipus complex upon the child.

Freud assumed a phylogenetically inherited foundation of the sense of guilt. In *Moses and Monotheism* (8), he says that 'men have always known that once upon a time they had a primeval father and killed him'. If this statement is correct, it may be equally correct to say that men have always known that once upon a time,—and still in historic times,—it was customary and legally permitted to kill unwanted children. Freud was not far from making this assumption, for he attributed a phylogenetic inheritance to the castration complex as well as to the œdipus complex. Parental cruelty is a frequent theme in fairy tales. In legend both Œdipus and Moses, who meant so much in Freud's thinking, were unwanted children who were exposed to die but were rescued and raised by foster parents. Neither became a masochist but rather the opposite; they became parricidal rebels. And when we read in Freud's book on Moses the references to

Christ we cannot fail to remember that in the infancy of Christ too there is the threat of death coming from a father figure and the rescue from it while a multitude of other infants were slain. Otto Rank (15) has shown that the theme of the unwanted or feared child who is exposed to die but is saved and later becomes the hero who takes revenge on the cruel father occurs in numerous sagas of various peoples.

Freud says in *Totem and Taboo* (9), 'I have supposed that the sense of guilt for an action has persisted for many thousands of years and has remained operative in generations which can have had no knowledge of that action. I have supposed that an emotional process, such as might have developed in generations of sons who were ill-treated by their father, has extended to new generations which were exempt from such treatment for the very reason that their father had been eliminated. It must be admitted that these are grave difficulties; and any explanation that could avoid presumptions of such a kind would seem to be preferable.' With this passage Freud himself opens the door wide for a new approach to the problem of guilt and of masochism. We can avoid Freud's 'grave difficulty' if we examine what we hear daily not only of the childhood of our patients but also of the hostilities toward their children revealed by men and women in their analyses. From this we learn that the ill-treating parent does not belong to the dim prehistoric past, that he has not been done away with once for all by the parricidal gang of brothers; this parent is, rather, still very much alive. If there is an inborn knowledge of ill-treatment by parents, it can perhaps help to explain certain childhood fantasies and the disproportionate sensitivity of some children to minor degrees of traumatization. At any rate, I do not favor explaining such sensitivity solely on the basis of projection of instinctual aggression and of sadistic fantasies on the part of the child, as Rank did with regard to the myths he had collected. Such an assumption would ignore a vast amount of empirical facts regarding primary impulses of cruelty in adults to which the child reacts.

Whatever importance we may attribute to hereditary patterns,

they are of no help in our clinical work. As far as the sense of guilt and the need for punishment are concerned, I contend that they mean the need for the love of a person who punishes and makes one feel guilty. This love, or the imagination of it, can be attained through submission and suffering. Masochism I do not consider an instinctual phenomenon like sadism or aggression. Masochism is a defensive reaction, motivated by libidinal needs, to the sadism of *another person*. Without this reference to an individual, a need for punishment as the moral form of an instinctual 'lust for pain' does not seem to exist. Sense of guilt and need for punishment are secondary to object dependency and part of the defensive structure against the original conflict.

The defense mechanisms involved are primarily denial and libidinization of suffering. The experience of hate and ill-treatment is repressed. The child, in its imperative need for love, accepts this hate and ill-treatment as if they were love and is not conscious of the difference. Suffering thus libidinized is introjected. Essentially the same process underlies depression. Moral masochism can also be defined as the manifestation, with regard to object relations, of a depressive character. When the introjection occurs, the pain-giving love object and the suffering caused by it become constituents of the superego. The libidinization makes the trauma egosyntonic and protects from a too deleterious degree of suffering, but it does not heal the narcissistic wound. The superego throughout life forces the subject to relive and to re-enact the original trauma which the analysis detects in the unpleasurable situations that the masochist not only must experience but must actively bring about. The masochistic phenomena represent a regression to an early libidinal phase plus its traumatic disturbance. Like the melancholic, the masochist hangs on, so to speak, to a breast which is not there and which he has to repudiate when it could be there, symbolically. The goal of the masochistic defense (denial and libidinization) is not suffering but the avoidance of suffering. However, like every neurotic defense, it is unsuccessful and even helps the

return of the repressed. Suffering, repressed in its original form, reappears as the price to be paid for obtaining a little bit of love or the imagination of it.

II

There are few individuals, mainly depressed children, in whom masochism appears in the asthenic form of search for love through libidinized suffering only. The majority of our patients show aggressive attitudes as an essential part of their masochism.

The aggressiveness of the masochist is only to a small extent conscious to him. We meet in our work with very unpleasant types. They are often greatly astonished and resistive when attention is called to their nastiness. The motivation for this repression is simple. Hostility would cause loss of the love object. With the repression of hostility and the acceptance of suffering instead, this ever-present danger is denied. But this defense is also unsuccessful. Hostility manifests itself all the more in character traits.

To understand the aggressive behavior of the masochist is the most difficult problem we have so far encountered with this condition. Freud expressed a pessimistic view even in his last work, *An Outline of Psychoanalysis* (10), with regard to severe cases of masochism: 'It must be confessed that these are cases which we have not yet succeeded in explaining completely'. They present a 'form of resistance, our means of combating which are especially inadequate'.

Aggression appears in several ways and with different motivations which for better understanding should be studied separately.

1. Hostility can be a remnant of a justified and normal hatred against a hating love object. The struggle for self-preservation is not entirely left to denial and libidinization. This hate may be repressed from consciousness because the need for love serves as a repressing force; in itself it would not be masochistic. Masochism does not simply mean to defend against hate, it means to attempt to save love through suffering.

2. More important, therefore, is the aggression exercised in the service of the masochistic need for love. It is an intensified bid for affection. The masochist inflicts himself upon his love object with possessiveness and reproachfulness. He tries to extort love. Being loved means in his mind also being given the license to be naughty. His provocative attitude gives the impression that he needs and asks for punishment, but such an interpretation, if it is given, remains unintelligible to him. He knows only that he is unhappy and needs love, and he acts as if it were the partner's duty to love him. Of course, that is the duty of a parent.

Hostility does not supersede the masochistic search for love. The latter remains the operational basis and the purpose of the aggression. When the masochist not only accepts but even seeks suffering and exhibits it in the way of martyrdom, it is not because he wants to suffer and to punish himself; it is because suffering gives him a feeling of increased love-worthiness, a narcissistic gratification. Feeling sorry for himself does him good and he also feels that he has a claim not only to being loved but also to prestige and domination, which means the privilege of exercising aggression. He is a grievance collector who collects and retains causes for resentment. Having a cause against the object is more important for him than having the object. His object relations have started 'against' instead of 'with'. Masochism is an unsuccessful attempt to substitute the 'with' for the 'against'. The masochist welcomes being hurt, not because it hurts, but because it makes him right over others. He would rather be right than happy. Being right also emphasizes his love-worthiness, and so do his megalomania and exhibitionism. These attitudes serve the continuation of the denial of rejection. However, the motivation of this righteousness does not lie in any primary aggressive need. It is one of the means to put pressure on his love objects,—those of childhood, of course,—that they may change their minds and give more love. He feels and acts as if he could force his past to change,—an irrational magic gesture.

3. The ambivalent blending of the plea for affection with

aggression appears particularly in the attitude expressing the idea, 'You will be sorry'. The love object which cannot be given up is punished through self-destructive attitudes destined to make the other person guilty, but simultaneously concerned for the subject. The vindictiveness is kept in repression by this libidinization and by suffering. I am not referring here to a defense against feeling of guilt by denial and projection. Projection of hostility is of course frequent; it is one of the ways in which the masochist arranges for trouble. This is not the principle I have in mind here. I refer rather to the insistence upon being loved by the hating object. There is more projection of love into the hating partner than projection of hostility. A sense of guilt may have the meaning of an unconscious sense of the guilt of the parent,—the not infrequent phenomenon of 'borrowed guilt'. The need for love results in a need to exonerate the parent, as if saying: 'I am the bad one, not you'. This may be the same process that we find, in higher degrees, in the self-accusations of the melancholic which, as Freud (11) has shown, do not fit the patient but relate to another person who is a frustrating love object. Making sorry results from the need to get back at, to get even with, the frustrating love object; in other words, to punish the object that formerly did the punishing (again a magic revival of the past) but that nevertheless must be preserved as a needed love object. Forms of self-sabotage such as being 'wrecked by success' or the negative therapeutic reaction or the so-called fate neurosis may be caused by a sense of guilt as described by Freud; if so, we are dealing with the pathology of obsessional neurosis, not of masochism. The masochistic form of these processes derives from the *drive to punish* the love object with the help of failure and unhappiness which simultaneously emphasize love-worthiness and the bid for affection.

The aggressive attitudes of the masochist, which I need not further describe, look very much like sadism, sometimes more oral, sometimes more anal, but if the diagnosis masochism is right they are secondary to his bid for the affection of a hating

object in a transference situation. The quarrels and troubles in which he involves himself are an acting out of the repressed original situation between the child and a rejecting or ill-treating parent. The primary defense against suffering at the hands of a love object, denial and libidinization, leads into a painful state of neurotic depression (in serious cases it may even be psychotic). Against this condition a secondary defense is established in the form of aggression, that is, turning passivity into activity. However this defense, too, fails because it embodies all the elements of the conflict against which it is directed. I have previously proposed to call this aggressive defense a 'counter-masochistic attitude' in analogy to the counterphobic attitude described by Fenichel.

I see no objection to explaining also as adaptational phenomena what I have described as defenses. There is only a difference in the point of view. 'Defense' refers to mechanisms and motivations, 'adaptation' to the result.

III

In the drive to punish, the original traumatic situation is re-enacted by *identification* in the masochist with the frustrating love object. I have come to recognize that the analysis of this part of the masochistic character structure is the most important part of our work.

The defense mechanism involved here is that described by Anna Freud (5) as identification with the aggressor. In the case of the masochist the aggressor is the original parental person who gave the child hate or rejection, all that I have referred to previously as nonlove.

This identification is the most powerful mechanism in the masochist and in his neurotic defense against guilt and suffering. I presented my ideas about it ten years ago. My work since then has increasingly convinced me that they are correct. Therefore, I may be permitted to quote from my previous paper (3).

The drive to punish is associated with a feeling of righteousness. However, it is not the feeling that punishing the rejecting

parent would be a just revenge. That would not be masochistic at all. It is a feeling . . . that arises from the superego. Analysis regularly reveals that the person feels he is doing the right thing according to the sadistic object whose love he craves, and that he will gain the love and approval of the object when he expresses aggressive trends which copy those of the object. These aggressive trends, originally experienced in the love object, appear in two ways: they are directed against the ego, causing self-inflicted suffering or what appears to be self-punishment; or they are directed against the external world in the way the original love object has treated or would treat external objects.

The permanent wish to please the once rejecting, introjected [love] object causes the person to lose his identity. To accommodate [and to appease] a hating parent [figure] he may make himself as unlovable as he feels the parent wants him to be. He may deny his good qualities or his intelligence, often to the degree of pseudodebility; he fails to exploit his opportunities or to seek legitimate enjoyments, confusing an irrational asceticism with virtue that earns love; he [pleads guilty and] 'lives down' to the views of those who resent him in order to be accepted by them. He feels that he has to make efforts and sacrifices to reconcile the world with his existence, and he does so by suffering as well as by being hostile or mischievous, which lowers his value as a love object and releases the hater from having to love him. He is stigmatized with unwantedness and displays his stigma as his bid for affection.

On the other hand, with submission to the parental power the masochist borrows the authority for his drive to punish. . . . The aggressiveness of the masochist is not the manifestation of his primary sadism; the latter only furnishes part of the energy with which the identification with the hater is set into action. It is this imitation, out of his search for love, which makes the masochist feel that by being aggressive he is the way he is *supposed* to be. This accounts for the fact that these persons are often so astonishingly unaware of their provocative behavior. The superego shields the ego and furnishes the motives for aggression. . . .

The identification with the hating and punishing love object is the motivation for what Freud, in his earlier theory, considered

the essential mechanism in masochism, namely, the turning of sadism against the self. However, what is turned against the self is not the person's own sadism, but the sadism of a love object incorporated, through the oral need for the object's love, in the subject's superego. The blending of the subject's libido with the sadism of the other person makes the original aggressor unrecognizable except through analysis.

The need for punishment which Freud considered the central motive of moral masochism is the acceptance, in form and content, of the drive to punish which operates in the love object, resulting in punishing oneself and in punishing others, thus developing one's own drive to punish and passing it on to the next generation. The identification with the parental drive to punish seems to be the strongest foundation of our moral standards. . . . It accounts for the universality of moral masochism in our culture. No death instinct needs to be postulated to explain masochism.

It may be mentioned parenthetically that this mechanism tends to raise large problems of countertransference in therapeutic work.

The statement that the subject's own sadism furnishes part of the energy with which the identification with the hater is set into action may need some amplification. The introjected and libidinized sadism of the object and the subject's own sadism are operative in various proportions for constitutional reasons. In some cases the subject's own sadism seems to be only the instinctual potentiality for identification with the aggressor, while the libidinal component prevails as the motivating force. In other cases with a stronger sadistic endowment it may be more accurate to say that the sadism of the object steers the sadism of the subject against the self and against the outside. These are the cases nearer to the pathology of obsessional neurosis with motivations derived from masochistic mechanisms. There is a wide variety in the degree to which masochistic suffering serves both instincts, the need for love and the gratification, with the help of justification, of aggression. In any case I do not think

that the diagnosis masochism should be made if the introjection of another person's sadism is not the essential pattern.³

IV

It has been my purpose to outline the psychodynamic factors specific for masochism. This outline provides a guide for therapeutic procedure and it also helps to detect and treat accordingly those masochistic features that are admixtures in the structure of almost any other neurotic illness. On the other hand, in the analysis of a predominantly masochistic person we have to deal with hysterical, obsessional, or paranoid features too, in which, however, masochistic motivations play their part.

The analysis of moral masochists is generally considered difficult. Transference resistances can be very strong, negative therapeutic reactions, and resistances against final success are frequent. However, it seems that the main technical intricacies have arisen from erroneous theoretical premises, namely: 1, that the masochist 'wants' to suffer because pain and humiliation are for him substitutes for sexual pleasure; 2, that the masochist has to satisfy his need for punishment because of his guilt for either incestuous or aggressive impulses (this holds true for obsessional neurosis, not for masochism); 3, that his self-damaging attitudes are the expression of his own sadism turned upon his self, (also belonging to the pathology of obsessional neurosis), or perhaps even of his death instinct.

Some analysts believe that with a moral masochist they must be very stern and cool, even openly unfriendly, in order to bring the sadistic trends of the patient into the open. It has also been stated that such an attitude corresponds to the rule of abstinence which requires that we establish an impediment against the sticky love-seeking attitude of the masochistic patient. I have found this to be a mistake. A rejecting attitude in the analyst, or any reference to the theoretical premises mentioned above, makes the patient feel criticized and confronted with his own

³ On some differential points between masochism and obsessional neurosis, see Ref. 3, p. 470.

nastiness and guilt in the same way as he once was criticized or reproved or punished by a parent. A transference is established in which the analyst comes too close to being a new edition of this parent, and the analyst may have exercised a countertransference of the same order and lent himself to the acting out of the patient's masochistic tendencies. To dissolve this transference situation analytically can be very difficult.

As to the rule of abstinence, I find it better to afford the patient an emotional atmosphere in which he finds abstinence from his habitual search for libidinized suffering and in which, perhaps for the first time in his life, he has the experience of a human being who gives him a friendly understanding instead of the criticism and punishment to which he has been accustomed. Such an attitude conforms also with the principle that in the transference situation the analyst should be as different as possible from the original role that is being transferred upon him.⁴

I follow the theory that masochism is a libidinal reaction to traumatic influences from outside, originating in infancy and being re-enacted throughout life. Freud (12) has stated: "There can be no doubt that, when the etiology of the neurosis is traumatic, analysis has a far better chance. Only when the traumatic factor predominates can we look for . . . such a re-enforcement of the ego that a correct adjustment takes the place of that infantile solution of the patient's early conflicts which proved so inadequate."

⁴ This recommendation is not an innovation by the Chicago Institute for Psychoanalysis, as a recent publication from that Institute (13) makes it appear. This principle is as old as psychoanalytic technique.

Dr. Martin H. Stein, in his report cited above (16), finds that I recommend 'that the analyst play the directive role of the "improved" or ideal parent, in order to accomplish the purpose of avoiding interpretation which might be regarded by the patient as accusatory or insulting'. It is difficult to see how such avoidance, which is indeed my principle, can be called 'playing a directive role.' I should reserve such a term for exactly opposite behavior. Dr. Stein is here in error; there is nothing of role-playing or manipulation of the transference in the technique outlined here. It is entirely nondirective, taking its direction only from what the patient says and not from any educational function of the analyst.

The analysis of masochism offers the opportunity to take advantage of this view. We must not forget, of course, that besides the traumatic experience, the form and strength of the libidinal needs are also determinants.

The masochistic patient appears in a double light: he is the *victim* of a traumatic childhood, and he is a *troublemaker* who entangles himself in actual conflicts by which he continuously makes himself the victim again. He is sinned against and sinning, to paraphrase Shakespeare. We give the analysis of the victim priority over the analysis of the troublemaker.

I have found it helpful to do what I can to slow down the development of an intense emotional transference to the person of the analyst. This is accomplished by examining with the patient the transferences he forms to his external world at large before analyzing his transference to the analyst's person.

The patient talks about his unhappy reality situation; he complains and accuses. The analyst makes no criticism, expresses no doubt; but he notes, and in due time shows to the patient, that the persons the patient accuses are always in some sense love objects, either in actuality or in transference representations. The picture of suffering at the hands of a love object is thus established in the analysis. The patient becomes aware of his passivity and dependence and how he acts out the unhappy experiences of his childhood and invites others to treat him with the same rejection as that he encountered from his earliest love objects. I have seen analysis penetrate in this way to very early oral traumata, which could be reliably reconstructed. The patient is helped to arrive at a more mature evaluation of those beloved but unloving persons who started his neurotic suffering. He will find that he is not guilty and needs no punishment, but that he has been the recipient of a parental drive to punish. The sense of guilt is analyzed by breaking it down into elements that are not guilt, namely, the need for affection and the experience of the punishing parent, and thus the sense of guilt is deprived of its moralistic aspect. 'Sense of guilt', it seems to me, is sometimes a wrong name for

what more accurately should be called 'sense of defeat'. It is the defeat by a rejecting parent or parent substitute in transference; and it is this defeat rather than guilt that is introjected and forms a character pattern for acting out. Although it sounds almost trivial to say that a prerequisite for a need for punishment is the existence of a punishing parent, the function of this parent has so far been much less recognized than the instinctual processes in the child.

In this way we try to conduct the analysis with a minimum of acting out in the analytic situation itself. When it occurs it is easier to analyze. The analyst can point out not only that the patient sees in him a new edition of an original of his childhood, but also that the analyst shares this role with numerous other figures in the patient's life.

The first preliminary goal is to make the patient realize that it is his need for the love of rejecting love objects that makes him accept suffering as if it were love. The recognition of this 'plus quality', as a patient has called it, is a great help against the ever-present resistance caused by the expectation and invitation of criticism. The second goal, after this, is to make the patient better acquainted with his sadistic tendencies and with the fact that his drive to punish the love object is responsible for the maintenance of his suffering. In the transference situation achieved by the first part of the work this can now be done without arousing the feeling of being criticized or accused.

The identification with the aggressor constitutes the phase of working through. All the features of the illness are recapitulated in the analysis of the identification. This work often greatly stimulates the interest and coöperation of the patient. The recognition of the feeling of 'being supposed to' is a very effective revelation. The superego relaxes. The patient learns to differentiate between love and hate and to adjust his life accordingly.

Lest this picture of the therapeutic process appear too optimistic, a word of caution may be in place here regarding the nature of the masochistic acting out. We have to deal mainly

with preœdipal factors, and there is an important difference in the operation of defenses according to whether they are directed against œdipal or against preœdipal conflicts. It is comparatively easy to bring the incestuous love of the œdipal situation into consciousness and to free actual relations from the re-enactment of those old bondages. Preœdipal conflicts are much farther removed from consciousness and more deeply engraved in the unconscious. In particular, the earliest traumatic experiences in the oral phase cannot be remembered at all; the analysis has to rely here on reconstruction alone. These unrecallable early conflicts leave in the personality a permanent tendency to acting out in which the person returns into an early symbiosis, a symbiosis lived with no possibility of conscious ego participation, which therefore left an identification not only with persons but also with situations and with special traits in these persons, such as their punitiveness. What is being acted out is neither the libidinal need in itself nor the defense against it. It is always the total conflict, the libidinal striving plus the outer and inner forces that oppose it. The person needs love but can never find it. What he finds is only frustrated, unhappy love, a re-enactment of the original situation with which he is identified. When it seems that the longing for love can find a fulfilment, the counterforces, stemming from deep unconscious sources, may be simultaneously stimulated and intensified to such a degree that the individual must perish from this fulfilment. While the danger of suicide is usually not too great so long as the transference is well in hand, there is always the danger that the patient will get himself into very unfortunate life situations, and there is particular danger of psychosomatic complications. The recognition, late in his life, that there are hostilities in people near him of which he had not been aware because of his defenses may result in temporary depressive and paranoid reactions. There are types reminding one of the Flying Dutchman. Although the legend calls it redemption, what happens is death. That the Dutchman for his salvation needs the love of an absolutely faithful woman, such as only an ideal mother can be,

makes the legend a symbolization of a very early traumatic situation with its only solution annihilation. Persons with self-destructive tendencies must be watched for their acting out of a preœdipal libidinal need that has deep and intense association with frustration. This association precludes any self-healing of the masochistic character. The analysis of these cases belongs to our most laborious but also most rewarding tasks.

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THE MEANING OF THE CONCEPT OF MENTAL REPRESENTATION OF OBJECTS

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INTRODUCTION

That external objects have a psychological representation within the mind has proved a most useful concept in psychoanalysis. The concept was necessary from the very beginnings of psychoanalysis in order to differentiate between those things that have an existence in a world of time and space and those that are a product of inner psychic experience. Freud adopted this classification because it was most consistent with a scientific attitude toward human behavior. To designate things that have an existence in time and space he employed the term 'external reality'. This external reality impinges upon the individual more or less forcefully throughout his existence. Freud also posited a world of inner psychic experience, as opposed to external reality, that drives the individual toward motor response to the world of external reality.

As psychoanalysis developed, the apparently clear boundaries between external reality, existing outside the individual, and inner psychic experience, occurring inside the individual, became less clear; confusion of the two arose when it was discovered that psychic incorporation of certain significant 'external objects' occurs, forming them into an intimate and indistinguishable part of the personality. The process of incorporation was eventually integrated into the theory of identification. This new concept created a new problem: when shall we speak of external reality impinging upon the individual, and when shall we regard the incorporated form of this same external reality as perceived by the individual, as a part of the self? This question was somewhat clarified when Freud advanced his theory of narcissism, positing the investment of the self or others with libidinal energy. He chose the term 'object' for what is invested. We qualify

the term 'object' by appropriate adjectives to denote various qualities of investment of the object.

The concept of mental representation of objects, as employed in psychoanalysis, has much in common with the earlier psychological theory of apperception, which was a highly intellectualized and philosophical attempt to examine how percepts are influenced by the perceiver's previous experiences with persons important to him. 'Apperception' was introduced as a term to differentiate perception in this sense from perception as simple sensory experience. This concept seems to have been drawn upon heavily, although informally, by psychoanalysis; but certain critical alterations were made and far greater emphasis was placed on the applications of theory to clinical practice. The theory of apperception has in psychoanalysis been enlarged by the concepts of defense and of motivation or instinct. Within recent years the motivational view of perception has been widely employed also in psychology, where it has been entitled 'the new look' (1). Murray (15), Lewin (14), and Snygg and Coombs (17) have developed differing theories of personality which emphasize the internal perceptual experiences of the individual. In simplest form these theories state that the way the individual *interprets* the sensory experience determines his behavior. It is of interest that the problems of perception and inner experience have come into increasing prominence not alone among psychoanalysts.

The inner concept of reality (that of inner experience) and the outer concept of reality (that of the natural sciences—time and space) have remained disparate; they have never been brought into a logical relationship by any philosophical system although this is a subject of deep concern in present-day analytic philosophy. Vaihinger (20) argues that they will never be brought into a truly unified association by any rational formula. In psychoanalysis it is necessary, however, to employ some type of working formula which, though it is not a 'solution' of this problem, will at least serve for our particular investigations quite aside from the philosophic question of its ultimate truth.

THE NEED FOR CLARIFICATION

One frequently hears reference in psychoanalysis to internal objects, external objects, introjected objects, good objects, bad objects. One hears also less discriminative, but more poignant, references to mother, father, and others; the reference may be to internal representatives of these persons, or it may be to them as a part of external reality. These usages have arisen out of the need for some means of describing and organizing the observable data in psychoanalysis. The development of a series of qualifying adjectives for various kinds of 'objects' has also been useful but it has caused confusion and has tended to obscure the theoretical basis upon which the concept of objects rests in psychoanalysis.

Psychoanalysts also use the expression 'object seeking'. The concept of the infant as being 'object seeking' is a play upon terms and fails fully to recognize the significance of internal representations as the essential psychological objects. The infant is potentially capable of responding to the stimuli supplied by what we, as observers, should identify as an external object. The external object we speak of as the mothering person. This potential response by the infant is essential if it is to survive at all, but hardly merits the term 'seeking' as we know it. There is ample reason to believe that the newborn is incapable of internal representations of objects and incapable of differentiating self and 'not self'. It seems reasonable to posit an anlage of the ego with the potential for later object representations, but it is not desirable to confuse this primitive state with the later more elaborate organization of the ego. It is in this sense that Fairbairn's (4) concept of the ego as being object seeking and of the id as being extruded from it as relatively objectless has roused such opposition in psychoanalysis. It is evident that the relation of the schizophrenic, for instance, to significant people such as the mother is of great importance in determining and often in maintaining the illness, but this is always a secondary factor. The internal imagery of the mother is the prime matter. There is no

reason to believe that even the death of the external mother of time-space will alter the course of such an illness.

It is necessary to arrive at some systematic idea of the spheres of usefulness of the concept of objects in psychoanalysis. This may be done by schematizing the qualifying adjectives commonly employed in association with the term 'objects'. The considerations about objects that concern us in psychoanalysis always have to do with persons or symbolic representatives of persons or parts of persons. Such persons are inevitably invested with energy (cathexis) and are inevitably associated with an affective state of some sort by the individual carrying out the investment.

With this in mind, we may classify internal representations of objects as follows. 1, External objects: those having an existence in a time-space world and about which a consensus can be established with other persons (Freud's external reality). 2, Internal objects which may be classified in three ways: by origin, e.g., from either parent; by topography, e.g., in ego or superego; by quality, e.g., as good or bad.

The individual's evaluation of these internal representations of objects may vary widely, or he may be unable to evaluate them at all. They will, however, have their influence with or without his conscious awareness; in fact their influence tends to be greater when they are not conscious. His inner experience of such objects is, however, of prime significance in determining both his degree of internal comfort and his capacity to carry out more or less integrated motor performance including social behavior. It may be added that objects which are judged by the individual to be internal or external to himself may carry with them a convincing *sense* of reality or unreality for the individual, quite aside from their existence in a time-space world.

The term 'objects' often lacks clarity in psychoanalysis. So variously has it been used that the editors of the recent edition of Freud's works (9) felt constrained to add the following footnote in connection with his use of this term. 'It is scarcely necessary to explain that here as elsewhere, in speaking of the li-

bido concentrating on "objects", withdrawing from "objects", etc., Freud has in mind the mental presentations (*Vorstellungen*) of objects and not, of course, objects in the external world.'

Moreover, certain recent developments in psychoanalysis have emphasized the need for greater clarification of the character of object representations. The contributions of Paul Federn (5) in his studies of the psychoses and of Melanie Klein (13) in her studies of emotional disorders in children are outstanding examples of these newer developments. The lack of clarity in our old concept of 'objects' was emphasized by these fresh developments of psychoanalytic insight. With these discoveries, it became apparent that there were deficits in our understanding of the object relationships of adult neurotic patients as well as of children and psychotics. The recent increasing emphasis on the role of aggressive energy in personality development has also focused attention on object relationships.

Earlier in the evolution of psychoanalysis the concept of object relations was developed with regard to the distribution of libidinal energy alone, and out of this arose the theory of narcissism. General acceptance of the contributions of aggressive energy to personality development has made necessary a modification of our concepts of object relations and their correlation with the theory of narcissism. The theory of narcissism has been so valuable in psychoanalysis that it cannot, as some have recommended, be assigned a minor role in personality organization or be discarded altogether.

Why is it particularly in the study of psychotics and children that the limitations of our earlier concept of 'objects' is most evident? In a previous paper (16) I pointed out the difficulty we experience in examining our own object relations in a dispassionate manner, and it is perhaps this difficulty that has prevented exploration of the object relations of our neurotic patients beyond that point where they begin to show gross deviation from our concept of our own object relations. If we perceive the character of the object relations of our neurotic patients, we are at the point of perceiving them in ourselves; and

this we are loath to do because they threaten our own sense of reality. It is thus easier for us to investigate the depersonalization of the psychotic or the primitive object relations of infants, whose operations we regard as so different from our own, than to investigate our own constructs or those of our neurotic patients which we experience emotionally as 'real'. Often, however, our own concept of ourselves has much in common with the psychotic phenomenon, as well as much that differs from it.

In Freud's attempts to conceptualize the theory of the investment of objects with energy (cathexis), he proposed the process of 'reality testing'. In its primitive form, at least, it was conceived of as determined by the development of motor activity in the infant; consequently what is capable of alteration in the 'external world' by motor activity was conceived of as being 'real'. Applied to the primitive stages of infancy this view is interesting, but it has limited applicability to the later more complex mental process.

Richard Sterba's (18) lucid discussion of this subject elaborates this fact. He has vividly described the concept of object representation and has clearly brought out its relative independence from motor activity in the adult under the sway of the reality principle. He writes:

In order to understand psychosexual processes and object relationships a term must be explained which is constantly employed in psychoanalytic literature, that of object cathexis. Cathexis signifies an accumulation of psychic energy in any one part of the psychic apparatus. Our sense organs receive innumerable perceptions and stimuli from every individual object in the outside world and these are experienced intensely if our interest in the object is intense. Intrapsychically, these perceptions form a unity of the ideas and memories which were experienced in connection with the stimulating object in the outside world. This intrapsychic unity of ideas and memories is termed the object representation. The psychic relations, changes of attitude, increase or decrease of interest, briefly, the process of 'cathexis with psychic energy', takes place on the object representation. Some of these processes are expressed in the

relationship with the real object in the outside world. A great many, however, remain in the interior of the psychic apparatus; even the varying intensity of interest resulting from the perceptions received from the object in the outside world is not immediately expressed in action toward the object; it is first expressed in feelings and thoughts, according to the increase or decrease in the cathexis of the object representation. An object relationship may never be expressed to the object. A man may fall in love with an actress whom he has never seen off the screen or stage, the actress may be unaware of her admirer's existence, nevertheless he has effected an object relationship because the object representation of the actress, which is within his mind, has been cathected or charged with libido. It is easy to understand that countless psychic processes can occur in the idea and memory unit we have of a person—which is called the object representation—without a corresponding real action in the outside world; it is clear also that often there could be no such action, because interior and exterior inhibitions prevent the psychic process from being transformed into action toward the real object. The concept of object representation will help us to understand the psychic devouring of an object either at the cannibalistic level, or in a regression to this phase, and how at the first level of the anal phase an object can be expelled psychically as excrement. These processes of psychic energy cathexis occur on the object representation independently of the real object or person, although they may be released by the behavior of the latter; few are transformed into real actions toward the object. Briefly, object cathexis means a charging of the object representation with psychic energy derived from the various instinctual sources.

We speak of object representations as occurring relatively independently of the real object, but it is through the clues offered by their motor performance, including speech, that we as psychoanalysts gain access to our patients' inner representations of objects. The motor performance of our patients may or may not bear an apparent direct relationship to significant external objects, as Sterba emphasizes, but this very fact compels us to re-examine *all* relations to external objects. This must be done with special attention to the inner psychic representations

which are always a critical part of what we commonly describe as relationships to external objects, however 'objective' they may seem to be.

Some of the present lack of clarity in our theory of objects results from the fact that the ego was assigned so limited a role during the earlier phases of the development of psychoanalysis. Although the ego was seen as the mediator between 'id drive' and 'external reality', its extensive synthetic and integrative role was not then fully appreciated. Federn attempted to remedy this defect by introducing a series of additional concepts. Central among these were: 1, the differentiation of 'reality perception' and 'reality testing'; 2, the concept of 'ego boundaries'; and 3, a clearer description of the processes of alteration of ego cathexis. He deduced the concept of 'reality perception' from the fact that one may have the inner experience of reality, an ego function, even in a hallucination. Freud's concept of reality testing had to do with 'real external objects' in time-space. 'Reality perception' refers only to the quality of our inner sensory experience, without regard to external reality.

Federn's concept of ego boundaries is not, as his unfortunate choice of terms might suggest, a geographical concept of the ego; it describes rather an ego with multiple functions, able more or less to accept stimuli at any given instant from within and without and to integrate them into itself, thus performing the function of differentiating reality perception and reality testing. Federn understood that Freud's concept of the cathexis of objects, using the analogy of the amoeba, was potentially misleading; for the object must always be taken into the ego in a grossly altered form. To put it more correctly, it is the inner representation of the object in the ego that is cathected.

The redefinition of the concept of secondary narcissism by Federn was a natural corollary to this classification of object cathexis. Since it is the inner representation of the object and not the external object itself that is cathected, we should not speak of libido as being invested in 'external objects' or of libido being withdrawn from objects and reinvested in the ego. Federn

therefore postulated a flow of instinctual energy between the ego and the 'id or the biological organism' as an alternative hypothesis in his attempt to maintain a structural model approximating the one Freud had used. I believe that the matter is not one, however, of a flow of energy between the ego and any other topographic area. The process is, rather, a shift in the flow of energy within the ego itself. The ego cathects the inner representations of objects, not the 'real objects' themselves. The change in energy is therefore always within the ego itself. Stimuli are always, of course, being received from the 'external world', and these stimuli are capable of altering the inner economy to a greater or lesser degree; but these alterations are always secondary to alterations in cathexis *within* the ego. According to this formulation, secondary narcissism is a particular order of cathexis within the ego: this cathexis invests the image of the self, in contrast to cathexes that invest representations of objects within the ego that are not identified with the self. This definition of secondary narcissism resembles Freud's definition but is more exact.

Much confusion has arisen over the concept of secondary narcissism because analysts have failed to differentiate between different parts of the ego. We must discriminate between the inner view of the self and the inner view of objects regarded as 'not self'. The inner view of the self is a special sort of object representation; but it is an object representation just as truly as is the inner view of objects regarded as 'not self'. We are prone to speak of the 'not self' group as external reality and to overlook the essential existence of this group as object representations within the ego. Hence when we loosely speak of secondary narcissism as the cathecting of the ego as opposed to the cathecting of 'external objects', we are overlooking the fact that the external object itself has a *psychic* existence in the ego and only in the ego. The tendency to envision certain internal representations of objects as 'external objects' is well illustrated by the way dreams are often told to us: the dreamer identifies himself with a particular person in the dream and envisions all the

other persons introduced by him into the dream as 'not me', although they are incontrovertibly 'internal objects'.

From this point of view, what we describe as psychosis is a disturbance of the internal operations of the ego; the disturbance between ego and reality is only secondary. Those definitions of psychoses based primarily upon such factors as social performance are not convincing to the skilled clinician, for we often observe fairly adequate social conformity in an individual whom we, with good reason, believe to be in a psychotic state. Our opinion is based upon our appraisal of the inner stability of the ego, on the quality and quantity of its cathexes of its internal representations of objects. One often hears it said that diagnoses of psychosis or imminent psychosis where there is no immediate evidence of asocial performance depend on intuition or on our unconscious appraisal of the patient. It is possible, however, to explain rationally such appraisals if we know how to approach the problem. What the patient experiences as real or unreal depends upon the character of his investments in his internalized objects, and fragmentation of these investments may or may not be manifested by evident changes in social behavior. Where such fragmentation is severe we are entitled to speak of it as psychosis.

MENTAL REPRESENTATION AND THE CONCEPT OF PERCEPTION

Before we consider further the concept of object relations as employed in psychoanalysis, we must make clear exactly how perception is understood in psychoanalytic theory. Perceptual experience is of necessity something more than a simple sensory experience. The evidence seems overwhelming that a perceptual experience may occur without conscious awareness (7). On this premise, a perception—the impact of a thought or a sensory stimulus from within or without—may occur without the subject's awareness, yet be a powerful stimulus as evidenced by motor response in the subject. For example, numerous goal-directed motor acts may be carried out without specific aware-

ness; these are preconscious acts. Moreover, we often postulate (by observation of a person's motor behavior) an unconscious sense of guilt quite outside of awareness (in the dynamic unconscious). Perception, in psychoanalytic theory, is thus the sensory part of a system that is potentially capable of motor response and it bears no special relation to the state of awareness.

In chapter seven of *The Interpretation of Dreams* (8), Freud developed his model of the 'mental apparatus'. He regarded consciousness as functionally a sensory organ for perceiving psychic qualities, for knowing them. He further regarded it as having two surfaces, one excited by stimuli entering through the sense organs directed toward the external world, the other excited by stimuli arising within the psychic apparatus itself (unconscious memory images of prior sensory experiences). In equating consciousness and the perceptual end of the apparatus, he was seeking to clarify the regressive nature of dream images and of hallucinations. Unfortunately, however, this diagrammatic approach obscured the problem of the impact of sensory experiences from within or without the organism that can lead to motor response without recourse to consciousness and hence outside of perception, if perception is equated with consciousness (3). Freud's further elaborations of this problem make it certain that he was cognizant that sensory experiences from within or without have an impact quite aside from the conscious perception or knowing of such experiences. He did not, however, definitely state the theorem that seems most logical: that all sensation, whether from our sense organs or from our inner experience, goes through an unconscious phase before it appears in consciousness and only then do we have the experiences of awareness of such sensation. Since the perceived sensations may never appear in consciousness, they have been variously referred to by other authors as unconscious, subconscious, preconscious, or sublimated.

Freud was deeply impressed by the severe limitations of the state of consciousness as an instrument of perception; but few writers have noticed his insistence that this limitation applies

both to inner psychic experience and perception of time-space reality. In *The Interpretation of Dreams* (8) he states: 'The unconscious is the true psychical reality; in its innermost nature it is as much unknown to us as the reality of the external world, and it is as incompletely presented by the data of consciousness as is the external world by the communications of our sense organs'. Psychoanalysts have done much research into the unconscious and the inner experience of reality. Of necessity, investigations of the limited role of consciousness in dealing with the data of our sense organs have been slighted. Only now is the faulty perception of the external world in consciousness receiving more consideration. It is true that this faulty perception is related to our unconscious motivations, but we have not always appreciated the fact that faulty perception is an inevitable and necessary characteristic of the adequately functioning conscious state. This thesis is supported by Freud's consideration of secondary revision (elaboration) in the same book. He emphasizes our tendency to alter perceptual material (sensory impressions) in such fashion as to make an intelligible whole of it, to make it consecutive and intelligible in consciousness. He points out that other authors have overemphasized this factor, but he considers it an important determinant of the admissibility of experiences to consciousness and hence a characteristic of the normal state of consciousness.

The psychoanalytic theory of object relations is intimately bound to that of the perceptual apparatus. The very process of psychoanalysis consists of assisting the analysand in bringing into conscious awareness certain archaic object relations, the cathexis of which causes inhibitions. The impact of these archaic objects on performance infers some inner awareness of them, if not within consciousness then certainly at some other level of experiencing.

MENTAL REPRESENTATION AND INTROJECTION, PROJECTION, AND IDENTIFICATION

To some it may seem naïve to stress so self-evident a thesis as that of internal representation of objects. It is through the rec-

ognition of this principle, however, that our knowledge of such fundamental processes as introjection, projection, and identification have developed. The complex processes of introjection and identification are said to result from the individual's attempts to cope with reality and to master it as best he can. Such processes depend upon the nature of the object, including its emotional and physical responses, as well as upon the internal reactive processes of the subject. This statement supposes, of course, that the object, as eventually represented in the subject, will have undergone substantial change from its original state. Or we might say that the internal representation of the object that is introjected or identified with by one individual may be significantly different from the internal representation of the same object in another individual.

Ferenczi (6) first used the term 'introjection' to describe the tendency of the neurotic to help himself by 'taking into the ego as large as possible a part of the outer world, making it the object of unconscious fantasies'. This process, he said, 'is a kind of diluting process, by means of which [the neurotic] tries to mitigate the poignancy of free floating, unsatisfied and unsatisfiable, unconscious wish impulses. One might give to this process, in contrast to projection, the name of introjection.' Ferenczi was thus suggesting a motivation for the internalization of 'external objects' and he was setting the stage for the introduction of the theory of identification. He contrasted projection and introjection, which clearly stand in opposite positions in the inner *experience* of them. They are alike in that both processes have to do with cathected objects and that both are techniques for dealing with unconscious wish impulses.

Because the process of identification has unfortunately been poorly defined in psychoanalysis, there is considerable confusion on this subject. In general, there are two forms of identification: primary and secondary. Primary identification is the early incorporation of significant persons by the child; this process is associated with the erogenous zones. It occurs during a phase when the boundaries between self and object have not begun to be established or are in the primitive phase of being established.

It is a phenomenon occurring before the establishment of object relations. We suppose that this identification is experienced by the child as *being* the object (not so discriminated by the child, but by the observer), rather than being *like* the object (a condition that is discriminated by the child). Secondary identification refers to the shift of cathexis from an 'external object' (more exactly, from the internal representation of an object) to the ego; capacity for secondary identification presumes the ability to set up object relationships. Secondary identification is a term used as if it were the same thing as introjection, but the two processes differ in that during the early stages of introjection the object is experienced as foreign to the ego while secondary identification is not so experienced. Object representation cannot occur before enough development of the ego has occurred to permit maintenance of object relations. This capacity is, of course, weak in infancy because development has not gone far enough, and weak in severe psychotic states because regression has occurred.

Analysts tend to confuse energetic shifts or cathexes with perceptual experiences. The concept of objects is basic to our theory of shifts of energy, whereas perception is secondary. The problem is made more difficult by the fact that it is not always clear where one has to do with the perceptions of the subject and where one is concerned with the perception of the person observing the subject. In psychoanalysis we are accustomed to weigh the subject's perceptions against our own and it is sometimes difficult to avoid the false assumption that the patient's perceptions of objects are of a kind with our own. Not infrequently the patient is undergoing a degree of regression that carries him into a state antedating object relations, and then we are in danger of falsely interpreting his experiences in terms of object cathexes according to our own perceptual position.

Edith Jacobson (11, 12) has developed her reconstruction of the process of identification by making careful studies of the differences between the perceptual sense of the self and of objects. She introduced the term 'self-representations' to designate the narcissistic cathexis of the self by libido. She employs the

term 'self' as opposed to ego, since she rightly believes that the system 'ego' has other energetic functions, including the cathexis of object representations. The self thus represents one kind of object, of particular significance, among a number of objects that the ego cathects. Jacobson emphasizes the origins of our self-representation—'first, from a direct awareness of our inner experiences and, second, from indirect self-perception, that is from the perception of our bodily and our mental self as an object'. She emphasizes this dual origin to point out that the 'self-representations' remain under the influence of our subjective emotional experiences and are less conceptual than are 'object representations'. In so far as the self constitutes a special order of object that is cathected, the self-representation is really an especially significant kind of object representation.

Using this hypothesis, Jacobson describes identification mechanisms in the young infant who does not discriminate between self and object but regards them as one and the same; whereas in ego identification of the older individual, changes in the ego arise out of attempts to be 'like' the object and there is relative clarity as to subject and object. In infants Jacobson supposes the existence of an early stage in which subject and object representations are not yet in existence through lack of adequate ego development; and in psychoses there is regression to this state.

The interplay between objects in time-space and objects that have been internalized is exceedingly complex and has many variant forms. Hill (10) has vividly described a particular aspect of the relationship of the schizophrenic to his mother: each treats the other both as an internalized object and as an external object (time-space). He points out how the mother of the potential schizophrenic molds him into a pattern that coincides with her internal representation of him; this molding produces a catastrophe in his development. Here we have a striking instance of the molding of an external object to make it congruent with an internal object,—an example of the reciprocal relationships of internal and external (time-space) objects.

The concept of projection has more meaning if we view it in

this light. Whether we refer to the projective techniques employed in normal infantile development or to the projections of the paranoid state, we have to do with the internal representation of an object and with an 'external object' that must meet certain criteria for its suitability. The inner perceptual experience in consciousness is a relevant but separate problem. In *The Interpretation of Dreams*, Freud speaks of the function of residues of the day's waking life in the creation of dreams. He argues against underrating their importance, but states that 'the conscious wish becomes effective in exciting a dream only when it succeeds in arousing a similar unconscious wish which re-enforces it'. Such unconscious wishes are affected by all our significant past experiences with 'objects'. The greater suitability of some external objects than of others depends on a similar process. For apparently even the least object-related paranoid projection has within it a nucleus of truth; it responds to some equivalent chord, usually unconscious, within the object that thus determines its suitability.

Brierley (2) has expressed this very clearly in her description of the subjectivity of objects when she writes, 'mental objects are invariably mental and the objects of experience, as constituents of experience, are subjective. There is thus no difference in subjectivity between the object identified with the conscious self and the object distinguished from this self, wherever the latter may be localized; the difference is not one of subjectivity but of endopsychic economy, i.e., of mode of relationship. From this point of view, introjection and projection appear as methods of changing the mode of relationship.'

More recent studies of early ego development have drawn attention to the individual variation in the primitive ego and the consequent individual variation in the capacity to engage in introjection, projection, and identification in connection with significant people from the earliest time of life. For many years we have paid special attention to the vital importance of the parents for both healthy and pathological precædipal and cædipal development. The contributions of the child to this develop-

mental process are much more difficult to discover. We assume that early in its development the child has some kind of inner psychic representation of the parents,—first, perhaps, only of the mother. In our attempts to relate this representation to biological process and to the earliest observable sphere of mastery, we speak of this primitive process as being oral in character. This early representation we regard as an incorporation, and in so far as it has to do with an object, we speak of it as introjection and we suppose it to be the precursor of the later more clearly psychic process of identification.

We have no difficulty in the biological sphere in perceiving that ingested food undergoes various biochemical and physical processes before becoming an intrinsic part of the organism, but we seem to have much greater difficulty in perceiving of an equivalent process in the psychic sphere. This difficulty arises partly because of the way the inner perceptions of our patients are reported to us. For instance, the patient with a rigid, distorted superego will often experience his inner perception as an alien 'thing' within him and will so report it to us. The analyst is, for reasons we will consider later, often required to communicate with the patient in terms of this alien object (as the analysand perceives it); and consequently the analyst easily forgets that the 'alien' object is actually a mental representation and an intrinsic part of the personality.

The same trouble arises with 'part objects'. Analysts often say that a patient identifies himself with the penis or breast of someone and behaves as if he had some qualities of the organ. What is implied, but sometimes overlooked, is that the patient behaves in a fashion dependent on his inner perceptual image of the anatomical part. This behavior has to do with the mental representation of the anatomical part as a symbol, as an internal representation of the part. It infers the suitability of the given object for such imagery, but what is represented is really an internal cogent symbol and not the 'external object' as such. The same thing may be said about such part objects as the 'superego of the parent', or other part introjections of the parents, which

may have had a decisive influence upon the patient's character. We tend to define these ideational parts more easily in terms of anatomy than in terms of functional units of personality. We find it easier to speak, for example, of identification with the breast than of introjection of the superego, although the latter comes closer to a clear statement of the process. The ideational concept of castration and that of separation from some significant person, in so far as they are both internal representations, may constitute one and the same experience to the patient, one occurring at the œdipal and the other at a preœdipal level of development. If we are bound by a narrow view of external objects this identity is inconceivable.

Let us next consider internal representations of objects described as differing in quality from each other,—as being 'good' or 'bad' objects or as having other specific qualities. Such expressions are imprecise; often we are led to suppose that an attitude of the total personality to an 'external' object is described as if the object existed somewhere outside the personality, and could be introduced into or extruded from the individual at will, as it were. But this is quite untrue. Some of the confusion has arisen because we oversimplify the problem by considering objects as they are viewed by the consciously perceptive ego, and we are voicing its views. There are many such introjected objects of which (because of its defensive or other needs) the conscious ego is unaware, and which it in fact perceives as foreign to it. This fact does not make them foreign, however; and it may indeed give them a more powerful role in the personality. Freud's dictum,—that we make the unconscious conscious,—derives its meaning from the unconscious role of such introjections in the production of emotional disorders.

THERAPEUTIC IMPLICATIONS

In psychoanalysis we are primarily interested in psychic processes and in the prospects for their therapeutic alteration. Our interest is therefore primarily in the psychic representations of objects. It is true that we are also interested in the motor mani-

festations of psychic processes and in the nature and characteristics of external objects, but this interest is of a second order of importance. I say this because for the most part we make little or no direct therapeutic approach to our patients' performances, but rather make our approach through exploration and alteration of the internal motivations for these motor performances. It is by failure to appreciate this distinction that those in psychoanalysis who have emphasized the role of social factors as primary in human development have been in error. The view has caused some analysts to emphasize certain superficial and ancillary interactions but fail to appreciate and explore the essence of human experience and human interaction.

For convenience and for technical reasons psychoanalysts like to speak to their patients of the influence of the mother, father, or other significant persons in their lives as a literal isolated fact in the external world. We speak thus rather than refer more correctly to the 'inner representation of the object' or to Federn's 'reality perception of the object'. The analysand experiences the object, for instance the mother, as being 'outside' and his affective relations to his mother are bound to this perceptual image. (Occasionally the analysand reports that the mother is 'inside'. Always, however, he so refers to her in terms of her being a foreign body and not a part of the self.) It is necessary in psychoanalysis to employ the emotionally charged speech of the patient for effective communication. So we speak of mother, or father, or nurse, just as the patient does, without resort to the more correct but less poignant and hence therapeutically sterile 'mental representation of mother, or father, or nurse'. It is in fact one of the tasks of insight therapy gradually to reintegrate these dissociated fragments of the personality into their proper place in the internal economy before the patient can establish more appropriate object relationships. As long as these 'objects' are viewed as external objects by the analysand, their critical role as mental representations in the internal economy is not appreciated by him. He thus lacks the ability to bring about changes in them. They remain unalterable 'external objects'.

When we speak of the significant curative effects of psychoanalysis as being dependent upon changes in the superego, are we not talking of such shifts of cathexis from archaic mental representations of objects to current more appropriate mental representations of the same objects,—shifts of cathexis to representations more congruent with the character and nature of the object as viewed by others? This broad consensus of one's inner perceptions with the perceptions of others we speak of as being 'reality oriented' (19).

In therapy we must distinguish between various kinds of 'internal objects'. The difference is clearly great between the cathexis of a mourned object and that object cathexis related to a person who has present existence. Yet both are cathexes related to 'mental representations of objects'. The difference depends upon the ego's perceptual displacement to the outside of what is experienced within. It is, however, true that objects in time-space have some impact on these mental representations, as is evident in the experience of mourning. These perceptual differences are of significance in therapy and are a regular part of the separation anxiety one observes in interruptions of therapy or its termination. In the analysand's regressed state he perceives of the time-space object as being part of the self, just as does the infant with inadequately developed ego boundaries, and separation is therefore experienced as loss of part of the self. Failure in therapy to deal with this quality of separation when it occurs may expose the analysand to devastating anxiety. Another example of the importance of the ego's perceptual relationship to significant objects is the depressive state accompanying somatic illness. The depression seems to be a response to abandonment by the inner representation of the self, an object representation of critical importance.

The phenomenon of transference in psychoanalysis offers an exceptional opportunity to observe the subtle interplay between the mental representation of objects and objects in time and space. The shifts in cathexis of the mental representations of objects are related to the person of the analyst, who is variously

perceived by the analysand as being representative of one or more of his internal representations of objects. The analyst, as a helping person, is also internalized as a new object representation besides having the role of interpreter of unconscious phenomena. This new internal representation is a critical part of the process of analytic therapy. The necessary analysis of the transference does not require dissolution of that inner representation of the analyst based upon the real life experience of psychoanalysis.

In the therapeutic situation the therapist must maintain a constant awareness of the analysand's tendency to dissociate his conscious perception of these 'internal objects' from himself by the processes of introjection and projection. This is immeasurably easier if the analyst has a clear theory upon which to base his understanding and if the projective and introjective devices are properly identified as mental representations.

SUMMARY AND CONCLUSIONS

For our purposes in psychoanalysis, the concept of mental representations of objects cannot be defined in terms of a simple sensory perception system. In order to include the useful concepts of unconscious objects and of the superego we must have a more complex but more precise model of the perceptual system and hence also of the ego. It is essential to distinguish clearly between the psychic perceptual system and the physiological sensory apparatus, since the latter does not by itself determine the perceptual experience. Conscious perception can occur only after a physical sensory experience has been worked over in the unconscious; in this respect sensory stimuli from without are equivalent in kind to stimuli arising from within the organism. A conscious perceptual experience is bound by the principle of secondary revision (elaboration) in the waking state as well as in dreams.

To understand the problem of perception, we must suppose that the ego has multiple functions, which must include both simple sensory perception and the internal representation of

objects. The cathexis of 'external objects' occurs in the ego and not in the world of time-space. Secondary narcissism is a particular kind of investment of a part of the ego, of that part *perceived* as the self. The withdrawal of cathexis from 'external objects' is thus not accomplished by withdrawal of cathexis from object to ego (Freud), or from object to id or physical self (Federn), but is an energetic shift from one part of the ego to another.

The hypothesis of multiple part-egos infers that they will have various relations to each other in the ego perceptual system. Federn's 'reality perception' usefully defines the idea of coincidence, or lack of it, between perceptions in time-space and inner perceptual experience. It rightfully differentiates reality testing from the inner convincing sense of reality that one can have without finding any of the criteria for reality of the time-space world. The inner view of self is only one part of the ego and coincides with 'external reality' to a limited degree at best. That part of the ego that is internally not consciously perceived or is looked upon as 'not self' may nevertheless coincide with time-space reality (11, 12).

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COMMENTS ON A COMMON FORM OF ACTING OUT

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In the analysis of a number of patients, I have found a type of resistance where the patient seizes upon a current reality which seems insurmountable to him and makes it the exclusive theme of his associations. Acknowledging intellectually the futility of this exclusive preoccupation, he continues his obstinate siege. The hypercathexis of a reality situation draws its intensity from two sources. One is an important if not the most vital element of the patient's neurosis; always it is a wish which is appropriately displaced onto reality. The other source arises from the defense against relinquishing the substitutive or expected gratification of an infantile wish.

A thirty-two-year-old man sought psychoanalysis for relief from social uneasiness which was occasionally mildly paranoid. He was of medium build, pleasant and polite in manner, sensitive and intelligent, interested in good books, music, and art, moderately active in sports but on the whole somewhat shy and retiring. He had made a rather unhappy marriage to a wife who was immaturely dependent and emotionally unstable.

When he was a year and a half old, his mother developed a chronic psychosis which necessitated frequent and long periods of hospitalization. Whenever she returned to the family, her state was precarious and great care was taken lest she be burdened with difficult decisions or too much housework. The father assumed full responsibility for the family. Shortly after the mother became ill, the patient and his brothers, five and six years older, were placed first in a foster home for one and a half years; later in a second one for an additional five years. The

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father lived in a nearby hotel and visited the children weekends. Although the patient grew rather fond of his first foster father and his second foster mother, the dispersion of the family made him a very lonely and wistful child, forcing him into passive emotional isolation. He remembered that there was no closely affectionate relationship with his father: 'I just held still and waited for what was coming next. I pulled in and held all my energy together.'

His conditioned distrust in the permanence of human relations was reflected by his caution in the transference, in which he avoided expression of any definite emotional attitudes as he did in his other personal associations. The father having been the only reliable as well as the dominant person throughout his life, the patient tried to maintain, through passive, feminine devotion to him and putting himself in his mother's place, his isolation in the transference as a patent defense against homosexual involvement. When in the analysis he became aware of this homosexual orientation, he settled into a comfortable positive transference and resisted efforts to move from that newly won stronghold. The analysis had reached an impasse. Straining to overcome his passivity, he forced himself to participate in group discussions, sought social contacts, welcomed appointments to professional committees, and took an active lead in matters pertaining to his house and family.

The greatest part of his energy was spent in a strenuous attempt to modify his professional status as a social worker. He was determined to establish himself as an independent psychotherapist, functioning in complete freedom from any supervision by an institution or a physician. Encountering insuperable practical difficulties, he became obsessed with the determination to become a physician, reasoning that only as a doctor could he be independent, practice psychiatry, and earn more money. In a flurry of activity he wrote to numerous medical schools, solicited his father's pledge of financial help, and anticipated in detailed fantasy the future course of events. The entire plan collapsed within a few months as one medical school

after another declared him ineligible because of his age and unsatisfactory grades in certain college courses. Characteristically, but much to his surprise, he felt greatly relieved when he received negative answers from various universities. His obsessive flurry of striving to gain independence had served as a denial of his passive dependent cravings which he was not ready to relinquish. The pseudoactivity gave him the dubious advantages first, of seeming, rather than being, in competition with his two brothers who were academicians in independent positions; second, of rescuing his mother by becoming a psychiatrist; third, of engaging in noncompetitive rivalry with his analyst.

During this period he complained bitterly that his brothers always enjoyed the rights of seniority, could be 'active and independent', and always 'belonged' whereas he did not. He felt alone and 'had to earn belonging by thoroughly capitulating'. In a session following such complaints, he reported dreaming of a sweet little girl in a slip, singing. This representation of himself was accompanied by speculations about the possible advantages of having been born a girl which protected him from coming to grips with his oedipal conflicts.

He recalled vaguely his first foster mother as a tense and nervous person who argued frequently with her husband, 'a warm, gruff, and very masculine man'. There were at that time many separations which contributed to his feelings of insecurity. The second foster mother was remembered as a very pleasant and cordial person, her husband as a big, jovial alcoholic; a carriage whip on display for disciplining was used on rare occasions. There were pleasant memories of cookies for Christmas, riding on the foster father's knees, of a summer house near the main house. No sense of belonging to a foster family could develop because his own father claimed the loyalty of his sons through his weekly visits, which undermined any intensive relationship between the child and the foster parents. The patient thus found himself in an oedipal situation with women whom he could only consider as temporary mothers and with men who

were not fathers, or with a father who gave no support but was powerful.

When, after an initial phase of resistance, he became aware of old tender longings in the transference, he denied them by a competitive demand for professional equality with the analyst. This posed again for him an insoluble problem. Unconditional victory would have meant the loss of his only security. It was symptomatic that he was forever in financial debt to his brothers, his father, and to loan agencies.

I should like to add briefly appropriate excerpts from two other cases to illustrate further the point in question.

A married man of thirty-four had acceded to his physician's advice that he be admitted to a hospital as protection against alcoholic and homosexual excesses. From the hospital he was escorted for therapy daily to and from my office by hospital personnel. His wife, children, and relatives lived two hundred miles away.

His illness is best described by the term 'borderline neurosis'. His illness became manifest several years after his discharge from the armed forces. At that time he held a mediocre office job in the fairly sizable family corporation although his formal training had been classical with emphasis on mythology. He had shunned applying himself to teaching as a career by not completing his studies. Now he found the task of helping keep the company's books and the obligation toward his family unbearable. Therapy prior to his hospitalization had consisted of various forms of psychotherapy; also a series of electric shocks.

He became, after a few months, increasingly critical of the hospital to the point of frank revolt. He accused the sanitarium of not living up to its promises; in his opinion, the staff lacked consideration and failed miserably in their obligation to consider the individual needs of the patients. His insulting, arrogant, and belligerent behavior would at intervals culminate in the demolition of doors, walls, books, and clothing and, occasionally, in physical assaults upon his most despised aides and

nurses. One could hardly give credence to accounts of such hostile and destructive conduct from a patient so apparently consistently sincere, confiding, and sometimes even warm. He reported his violent behavior at the hospital faithfully and honestly, and defended his rages with righteous indignation. He attributed his belligerence in a large measure to his hypersensitivity. He appreciated the natural limitations of the employes, acknowledged fully the necessity for a hospital routine, and realized that such a routine could not possibly be altered to fit the requirements of each individual. Despite all this tolerant understanding, he repeatedly acted out his rage whenever a door was shut too noisily, an aide forgot to bring his shaving kit, or an attendant walked by his door shod with leather instead of rubber heels, when a nurse tried to engage him in conversation at an inopportune moment, and when his mail was not delivered promptly.

The patient was the middle of five brothers: two were three and one and a half years older; the other two, three and eight years younger than he. The children were brought up according to rigid, inflexible discipline. Parental demands were never unreasonable but had to be obeyed without question. When help was required in the garden, the sons simply followed orders. Protestations or postponements were unthinkable. Certain daily responsibilities detailed to each child, commensurate with his age, became part of a stern life. At one time his father kept a chart on which the dutiful performance as well as the neglect of daily chores was recorded. There was no reward for faithful performance but proportionately severe spankings at the week's end were meted out for any derelictions. Mother intervened only to ask her husband to soften the blows. The parents, particularly the father, believed that this training would prepare their sons properly for the exigencies of life. Emphasis was laid not only on the ability to shoulder duties matter-of-factly but also on proof of independence. To acquire that valued quality of self-reliance the boys, among other exercises, had to select their own clothing, without guidance, from the age of eight or

nine. Their status in the community, they were warned, obliged them to exhibit especially decorous conduct. They were permitted no mistakes in reaching the goals which their parents had staked for them. The patient and one of his younger brothers could not cope with this rigorous system and its lack of concern for the individual. They needed tender care and indulgent guidance and both regressed into overt homosexuality. The patient's actual and fantasied predilection for blond homosexual partners revealed his intense sibling rivalry as he was the only one of the five boys with dark hair. A sexual experience with the younger brother precipitated a panic which led both to seek treatment.

The patient's remarkable talent for knitting, his keen interest and exquisite taste in interior decoration, and some effeminate gestures as, for example, drawing his legs under him in an overstuffed chair, were attributable in part to his identification with his mother and in part to her often and dolefully expressed wish that her third child had been a girl.

Rebellion against rigid rules, which he had had to restrain as a child, was now directed in full measure against the hospital. He seized upon the 'stupidity' of the hospital personnel to take vicious revenge for his parents' insensitivity. The intensity and persistence of his attacks were generated by his impetuous demand for love. He could thus conveniently project his own inadequacies, avenge himself for the hardships of his childhood, and entertain hope for a remedial change. It was easier for him to combat the anonymity of the hospital than to come to grips in the analysis with his fear and hatred of his father and the rage against his mother. In this way he maintained a *status quo* which saved him from adult responsibilities, the danger of mistakes, and the pain of criticism.

Gradually his hostile reactions in the hospital were less frequently acted out, and when he approached plans to leave it, his polite deportment toward the analyst was often punctured by sudden outbursts of intense hatred: 'I don't trust you. You are

a doctor, a sadistic bastard just out to torture people.' An early experience with a cruel physician who had torn crusted bandages from an injured finger provided the background memory. His father had taken him to that physician repeatedly. He had gained the courage to express his hatred of the father in the transference, and to rebel against the submissive homosexual role which had seemed to him to be the only mode of a relationship with his father.

A middle-aged, married housewife wished to obtain relief from a great number of physical complaints which accompanied a chronic state of anxiety. She was plagued by urinary frequency in the company of others, and by chronic diarrhea for which the most careful examinations revealed no tangible pathology. Several times during and particularly toward the end of a rather lengthy analysis the patient developed chronic rhinitis and otitis media. She was especially bothered by dried secretions which blocked her nasal passages, creating a feeling of appearing 'puffed up and unclean', for which medical treatment served only to increase her preoccupation with her discomfort, and to convince her that this ailment was an indication of slowly progressing, general deterioration of her body due to advancing age. She felt useless, ugly, old, and dirty.

This patient's father was such an inhibited and ineffectual man that, according to family tradition, he refused to push the baby carriage lest he admit publicly that he had sired a child. The patient and her sister, eighteen months older, had to be content with a trickle of fatherly attention. When members of the family prepared to go out singly or together, the father made sure that they had emptied their bladders to safeguard against an embarrassing search for toilets away from home. It is not surprising that his anxious precautions had exactly the opposite effect, a fact which induced him to re-enforce his indoctrination, thus establishing a vicious circle. In later life her urinary frequency, her compulsion to locate toilets in strange places, and her frequent use of them proved to be the patient's belated

method of compromising her father for his false modesty.

On a much deeper level, however, the patient believed that her father remained aloof because her genitals were dirty. Her urinary compulsion and her immaculate cleanliness were symptoms of placation and seduction. Her various intestinal and upper respiratory afflictions signified to her that she was dirty; therefore to be cured was in part a striving to be clean and lovable to father. It is a matter of speculation if and to what extent the displacement upward of genital impulses kept the nose and ears in a state of chronic engorgement and subsequent infection; but it was a matter of fact that the undue emphasis on a low grade infection and search for its successful treatment issued from her chronic conviction that she was dirty.

The patient suffered four such major chronic sieges during her analysis, two before and two in quick succession shortly after termination of treatment had been discussed. To the first two she had paid no more attention than was usual for her, whereas the latter two occupied a great deal of her time through appointments with physicians and absorbed nearly all of her emotional energy by a well-rationalized flight to the sanctuary of physical disease. She circumvented the painful task of working through the solution of a very intensive, ambivalent transference and very deftly resisted the progress of the analysis until the essence of this resistance became intelligible as the maintenance of the oedipal transference was threatened by termination of the analysis.

SUMMARY

A report of three clinical instances demonstrates the use of well-defined, adverse reality situations as formidable defenses in psychoanalysis. The mobilization of infantile conflicts in the transference stimulated dramatization of repressed instinctual impulses. The repetition compulsion of past experiences, or their derivatives, was motivated by the hope of gaining gratification of persistent (ego-alien) infantile strivings (2). The displacement of the cathexis from the repressed memories to der-

ivates was economically in the service of attenuating the attendant anxiety, invoking defenses of rationalization to keep dangerous impulses in repression (1). The selection of rationalized acting out as the particular mode of resistance had its specific reason in each case and had to be analyzed as such, aside from its specific content. These patients interlaced their latent conflicts with situational exigencies which isolated those complexes from the analysis. As Glover has observed: 'When even for a short space of time the patient puts up an effective total resistance, we are nearest to the core of his conflicts' (3). The shift of the cathexis from the id to the domain of the ego was prompted by the latter's need of mobile re-enforcement to cope with the dynamic forces of the unconscious. The final convergence of the various specific defenses into action repeated regressively the historic pattern of mastering masochistic stimuli by motor activity.

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PSYCHOANALYSIS AS METHOD AND AS THEORY

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Psychoanalysis has come traditionally to denote four heterogeneous categories of data: first, a theoretical framework of concepts, hypotheses, and theories aimed at explaining various aspects of human development and behavior; second, a body of data, based partly on observation and partly on inference (the content of psychoanalysis both as theory and as therapy); third, a scientific method for making certain observations and basing conclusions on them (the psychoanalytic situation); last, a method of psychotherapy, a technique of influencing people by communication.

While all of these categories overlap,—particularly the first two which pertain to theory, and the last two which pertain to method,—it is nevertheless necessary to distinguish among them, especially in so far as controversies about what is or is not psychoanalysis are concerned. Such disagreements persist because the central question of the debate remains unclarified. This question may be phrased as follows: what is the exact area of knowledge, and mode of operation, that is being discussed? Clear agreement on an answer to this question and conscientious adherence to it would render many controversies unnecessary and impossible. The controversy concerning the question, 'what is psychoanalysis?', persists because those engaged in it are not talking about the same things.

THE HISTORICAL EXPANSION OF PSYCHOANALYSIS AS THEORY

With the growth and development of psychoanalysis into a broad scientific discipline dealing with human development,

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thought, and feeling, as well as with processes of human relationships in various settings, it becomes a prerequisite of further progress to differentiate clearly between specific operational procedures which furnish the investigative method and frame of observation on the one hand, and a general theoretical orientation on the other. The word 'psychoanalysis' has denoted both ever since it was coined by Freud. For many years this comprehensive meaning of the term caused no difficulties. Indeed, it was a useful way of describing a type of psychological orientation to human experience which was different from other points of view (such as, a medical 'psychology' which tried to explain 'deviant' human behavior on the basis of specific anatomical lesions or physiological dysfunctions in the brain).

The present state of affairs regarding the psychological approaches to human living is of course radically different from that of half a century ago. This is particularly true in regard to theory, so much so that it can be asserted that at present there is no 'psychological' view of human life which has not borrowed either a little, or more often a great deal, from 'psychoanalysis'. Let us turn to an analogy with mathematics to illustrate the thesis that there is a need to distinguish sharply method from theory in psychoanalysis.

What is mathematics? This term refers to a large number of complex and varied phenomena. The common denominator among these may be sought either in terms of certain abstractions (concepts) or in terms of certain procedures (operations). To begin with, mathematics deals with integers (numbers). Mathematics has evolved from these to a stage where it now encompasses the study of many complex symbols, such as fractions, imaginary numbers, series, sets, and so forth. From the point of view of operations, we start with addition and subtraction, and evolve through multiplication, power-operations, summability, and integral and differential calculus, to an ever-growing number and complexity of operations. This is the situation at present in regard to the conception of psychoanalysis. Psychoanalysis may be likened to mathematics in that it en-

compasses a wide area of knowledge within which one can distinguish a large variety of different concepts and operations. Thus we speak of personality development, of education, of child analysis, of the analytic situation, of clinical and applied psychoanalysis (3). Each requires, however, certain distinctive concepts as well as certain operations which are useful and valid in one but not in another of these special regions.

Consider, for example, the differences between the analysis of children and the analysis of adults. Freud himself spoke of the 'analysis' of little Hans (6). This has created the extremely misleading impression that there is a similarity (if not identity) between the analytic treatment of adults and children. From the point of view of method, the similarities between what today is considered the 'analytic situation' and the mode by which little Hans was influenced are negligible. Why then has the custom persisted of speaking of child analysis or of the analysis of psychotics?

Without entering into the complexities of these special techniques, it is suggested that the reasons for this manner of classification are largely historical. Any mode of approach to which Freud and his early followers addressed themselves was designated as a branch of psychoanalysis. While the methods and the human situations differed, what remained constant, or at least significantly similar, was the conceptual make-up of the observers. This became a basis for placing numerous methodologically dissimilar operations into one and the same category. This was inevitable in its day, since what was *then* distinctive about psychoanalysis was its conceptual framework. *At present*, however, psychoanalytic concepts are widely disseminated among the psychological and social sciences, and what has emerged as its most distinctive feature is its operational method. Accordingly, the lumping together as psychoanalytic of different clinical techniques becomes increasingly inimical to scientific progress in this field, and simultaneously the clarification of different operations gains increasingly in importance (11, 12).

While specific operational procedures *within* psychoanalysis

are in need of greater delimitation, the general concept of 'psychoanalysis' as a theoretical framework requires expansion. In other words, it seems to me that we are rapidly approaching the time—if indeed we have not already reached it and have even passed beyond it—when we will have to redefine the conventional meaning of the word 'psychoanalysis' in such a way that it will encompass a much larger area of human experience than it did some decades ago. Such growth of concepts is, of course, a familiar phenomenon in other areas of human life. It must not be regarded as a dilution of earlier scientific truths by popularizations. On the contrary, such change represents just the opposite, since what was formerly regarded as but a small segment of experience appears, at a later time, to have grown so that further conceptual and terminological subdivisions become necessary in order to make fresh scientific work possible. Resistance to this process, for whatever reason, can only hinder the semantically clear organization of all the newer experiences which, in fact, could come into being only because of the scientific work which has preceded it.

When we ask, 'what is psychoanalysis?', we usually refer not only to the clinical psychoanalytic situation, but to a great number of other diverse phenomena and processes as well. Let us assume then that psychoanalysis in this wide sense encompasses all aspects of scientific psychology. The common denominator which would justify this terminology would lie in the fact that all the diverse fields of inquiry subsumed under this heading would have to do with the scientific study of human experience and human relationships. Accordingly, the specialties within psychoanalysis as a general theory may range from the psychoanalytic situation to psychological testing, anthropology, sociology, and so forth. Clearly, the differences in these areas of inquiry may be much greater than the similarities. The designation 'psychoanalysis' retains its value, nevertheless, as a theoretical abstraction based on the similarities of the phenomena (and abstractions) under consideration. Let us recall in this connection that the terminological change suggested in regard to psy-

choanalysis is of exactly the same nature as that encountered in the history of other sciences. Many more phenomena, operations, and abstractions are included under the terms 'physics', 'chemistry', 'biology' today than were included fifty or even ten years ago.

If what is here proposed is objected to as substituting psychoanalysis for what is generally thought of as psychology, this is very close to what is intended, and in so doing, only recognizes and clarifies a state of affairs that has already come into being: we know of no psychology other than psychoanalysis which is a coherent scientific psychology of human development and behavior in its various ramifications.¹

MODES OF INTERACTION IN HUMAN RELATIONSHIPS

The diffusion of the concept of psychoanalysis to include all psychological phenomena and processes relating to human experience and human relationships—not necessarily including their unconscious, preconscious, and conscious interrelationships—has caused it to lose much of its significance. This is most clearly illustrated by such terms as 'psychoanalytic therapy' or 'psychoanalytically oriented therapy', by which are designated a wide variety of approaches to psychotherapy which admittedly often differ markedly from ('classical') psychoanalytic technique (1, 2, 7).

The most typical and persistent questions in this connection are: 'what is or is not psychoanalytic technique?'; and 'what are

¹ Various branches of modern psychology, such as physiological psychology, learning theory, experimental psychology, clinical psychology, psychometrics, social psychology, etc., have no common denominator other than psychoanalytic theory. In so far as they do not lean on, nor borrow from analysis, each of the foregoing disciplines remains relatively isolated from the others. Subdivisions of nonanalytic psychology have thus never appeared as parts of an organic whole—as for example the various specialties within chemistry or physics—but have constituted independent and mutually isolated parts. The theories of reflexology, Gestalt psychology, and physiological psychology, to name but a few, are disparate rather than complementary within a larger, abstract, theoretical framework.

the differences between psychoanalysis and dynamic psychotherapy?'.²

As an example of this controversy, let us consider the opposing arguments of Alexander and French's Psychoanalytic Therapy (2) and Eissler's critique of this work (4). It seems to me that I state the obvious when I say that Alexander and French use the word 'psychoanalysis' to refer to concepts and theories. In other words, they use it to refer to the 'mental make-up' of the therapists. If they are 'psychoanalysts', what they do is *ipso facto* 'psychoanalysis'. They do not use this word to denote the classical technique (whatever this might be is not the issue here) since they themselves are the first to claim that the modes of operation set forth in this book are different from the particular operation to which the word 'psychoanalysis' has been customarily applied. Eissler, on the other hand, focuses throughout on method and shows clearly that the procedures set forth in this book are not at all similar to what emerged from Freud's work as the distinctive method of psychoanalysis. Whether a patient gets 'cured' or not, or whether a therapist's concepts are psychoanalytic or not, are issues that are not pertinent to this argument. The question of 'cure' belongs in another realm altogether. As to the question of the mental make-up of the therapist, it must be remembered that no one is in a position to know whether another's concepts are analytic or not; but everyone can know how he observes and studies a particular phenomenon. This is the main reason why persistent emphasis on operations, rather than on concepts, has come to characterize all of modern science. In this, interestingly, all the parties in the dispute agree. Alexander and French, as well as Eissler, are in agreement that the techniques set forth in Psychoanalytic Therapy differ from the 'primary model technique' (5). Similar considerations hold for the work of Fromm-Reichmann (7, 8) and others.

² In 1954, an entire issue of The Journal of the American Psychoanalytic Association (Vol. II, No. 4) was devoted to considerations of these and related ques-

One might still ask, however, whether these 'nonprimary model techniques' belong in the realm of 'psychoanalysis'? This is similar to asking whether certain studies of viruses belong in the domain of biology, chemistry, or physics. The answer to such questions is essentially arbitrary. From a scientific point of view, however, not only are the answers to such questions arbitrary, but the questions themselves are unimportant.

If the foregoing line of reasoning is valid, it follows that little is to be gained by the continued use of the adjective 'psychoanalytic' in the description of all manner of psychological processes. Its only purpose can be to seek to gain prestige and acceptance for all sorts of varied and unrelated ideas. It would be as if in mathematics instead of differentiating between addition and differential calculus by appropriate words, we would simply speak in both cases of 'mathematical operations'. The latter expression would be logically correct. Similarly, the labeling of various human relationships as 'psychoanalytic therapy' might be theoretically justified, yet it is of no scientific value, since by so expressing ourselves we do not tell our colleagues what we are doing, nor can we be clear about it in our own minds.

Just as the words 'physical' and 'mathematical' are not used as explanatory adjectives in connection with specific operations in those fields, so it appears that the word 'psychoanalytic' might best be dropped from such usage also. To accomplish this it will be necessary to find appropriate new words for various human situations. For the 'analytic situation' we have Eissler's expression of 'primary model technique' (5). For a certain type of relationship between therapist and schizophrenic patient, the expression 'therapy by example' has been suggested (10).

The task, then, is to identify as clearly as possible the distinctive features of various human relationships, including various psychotherapies. The relationship between analyst and

tions. The magnitude of space and energy taken up by these problems in current literature can hardly be exaggerated (9).

analysand in the analytic situation is the only one that has so far been clearly defined.

SUMMARY

The multiple and misleading uses to which the designation 'psychoanalysis' is applied raises the question whether some persistent confusions about it might be clarified by a more precise definition of the subject. Reasons are briefly presented to show the increasing need for sharp differentiation between psychoanalysis as a theory and as a method. The historical expansion of psychoanalysis and the development of the omnibus, 'dynamic psychiatry', render psychoanalysis, as theory, a too broadly inclusive and ill-defined term. By contrast, psychoanalysis as a scientific method of observation (the analytic situation) has undergone neither expansion nor shrinkage. Following a period of dilution, diffusion, and confusion, it has gradually become better defined than it had been previously. The proposal is made that the word 'psychoanalysis' be used only to denote an expanding area of science ('theory'). By the same token, however, use of the word 'psychoanalytic' as an adjective applicable to innumerable diverse modes of operation is crippling to further progress in the field. It is urged that different psychological operations be clearly designated by different expressions (e.g., the primary model technique, therapy by example, etc.). Considerable controversy seems to arise and to continue because some people use the word in one sense, and others in another sense, without either group making this explicit.

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THE ILLUSORY REDUPLICATION OF BODY PARTS IN CEREBRAL DISEASE

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Disturbances of the body image caused by organic disease of the brain have been studied with especial interest in recent years. While the distortion of the body image might be an expected consequence of the dysfunction of brain tissue, illusional reduplication seems to be more difficult to explain. A paper by Brock and Merwarth, in which five cases are presented, prompts these comments.

The illusory reduplication of body parts in cerebral disease, since it seems to be limited to no single locus of damage, is probably the result of the action of a psychodynamic defense as Weinstein and his co-workers contend, and as Brock and Merwarth allow. Although the reduplication clearly serves to replace a defective or an absent structure, I believe that the specific nature of the defense can be delineated more precisely.

In his discussion of the psychodynamics of paranoid psychosis in 1911, Freud suggested that the primary psychic event was a breaking of psychic contact with the real world. The subsequent elaboration of a delusional cosmology, said Freud, is merely an effort to re-establish by projection the world which has ceased to exist for the patient. Nunberg, in his detailed observations of the psychic productions of schizophrenics, concluded that fantasies of the creation of children (impregnation, conception, pregnancy, birth) and individual fantasies of rebirth are prominent features of the manifest and latent content. He inferred that these fantasies were activated by the wish to repopulate the world which had disappeared. The form of these strivings is usually the fantasy of a number of small human or other animate organisms. Such observations are becoming commonplace as more and more schizophrenics are finding their way to analysis, especially with the assistance of tranquilizing drugs.

For patients who have illusory reduplication of body parts, a segment of the real world has ceased to exist for them or to function—namely, an important part of the body. Such an occurrence is catastrophic. The primary response, as Linn notes, is a withdrawal of attention from the horrifying percept. Secondarily, however, there

is an attempt to regenerate the destroyed part by illusion, as there is in schizophrenic efforts to repopulate the world with children, magically and autistically. These psychic constructs are usually smaller than their normal counterparts, sometimes multiple and, as cases one, three, and four of Brock and Merwarth illustrate, they are often attributed to the patients' children. Such autistic productions are results of the disease process in schizophrenia. In individuals with weak ego structures, a personal catastrophe may be sufficient to precipitate a limited break with reality; and even in individuals with originally strong ego structures an illusory break with reality may ensue when the structure of the ego is impaired by organic brain disease.

I propose, in short, that the symptoms of illusory reduplication in individuals with organic brain disease, and loss of structure or function of a part of the body, is a result of the operation of a psychically primitive, unrealistic mechanism for regenerating what has been lost—a mechanism observed among schizophrenics by Freud and Nunberg.

It would perhaps be too speculative to assume that these disease processes are unrealistic projections of a fundamental biologic mechanism which operates among individuals or groups to facilitate regeneration following catastrophe which results in loss of members. If there is such an instinctual mechanism, it accounts for the interesting observation that human population increases with unusual rapidity after a loss of population by war or other calamity. The female of some species of birds will continue to lay eggs almost indefinitely until a certain number are in the nest. She will, that is, respond to a predatory loss of eggs by producing more (Tinbergen).

A second root for illusory reduplication should be mentioned. In normal perceiving, there is a faithful representation of number: the number of elements in the real world is correctly represented in the intrapsychic image. However, in primary process, instinctual, primitive perception, the number of elements is not invariant. We encounter such phenomena in eidetic imagery (Schilder and Klüver) in the hallucinations of delirium, in the hallucinations evoked by hallucinogenic drugs, in the hallucinations appearing when sensory inflow is interrupted (Hebb, Lilly), in dreams, and also experimentally when apperception is impeded by ambiguity (Fisher). In these states, figures commonly appear small in size and multiple in repre-

sentation, as they do in temporal lobe seizures. We may thus suppose that when the amount of information reaching the apperceptive structures of the temporal lobe falls short of a critical threshold, secondary process, realistic perception is no longer possible. Primary process, primitive apperception ensues in which number is not faithfully represented.

It is reduction of input of information which is responsible in each case, whether by experimental exclusion of sensory stimuli, by the darkness of nightfall or closing of the eyes, by disease of the brain, by toxic inactivation of apperceptive structures, or by sleep. I can imagine that when sensory inflow is catastrophically interrupted, as it is by the psychic aversion to the real world in schizophrenia—or in an organically blinded patient (case four of Brock and Merwarth)—realistic apperception becomes impossible and the multiple representation of primary process perception is employed in the service of illusory instinctive regeneration. (I do not know whether any of these considerations would apply in cases of single phantom without organic brain disease.)

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FUGUE IN A FOUR-YEAR OLD

BY JOSEPH C. SOLOMON, M.D. (SAN FRANCISCO)

A father reported that while he was driving with his wife and children on a road surrounded by woods, his son, aged four, the oldest of his three children, started pummeling him from the rear. The child was being playful in a manner to which he had become accustomed and to which his father habitually responded in kind. This time, however, it reached an intensity which endangered the father's driving. He stopped the car, turned to the son and shouted, 'Don't ever do that when I'm driving!'. The child flinched and stared vacantly for a matter of seconds as if completely dazed. He quickly recovered, looked about as if to reorient himself, and said very calmly to his mother, 'I was just lost in a forest. A lion was coming after me to eat me.' He appeared relieved to find himself with his family.

Prior to the incident, both parents that day had been very irritable. The house was being freshly painted; there was little room to move about; they had shouted at the children many times to stay away from the wet paint; the family had not had dinner and were all hungry. The father was especially cranky.

On previous occasions the child had shown some slight fear of the forest through which they were driving. He had seen rabbits and wanted to know if there were other animals there. The sun streaking through the trees gave to the surroundings an unusual atmosphere which on one occasion had presumably prompted the son to say, 'This is a *real* forest, isn't it?'. He had during his four years shown very little tendency toward being fearful. He had discussed ghosts and dwarfs with his parents, granting that ghosts are just make-believe, but that dwarfs could be real. In no sense had he ever appeared to have neurotic traits. He was, in fact, an unusually self-reliant child. He was reared by a loving mother who did not overindulge him, but who consistently provided for him according to his needs. The circumstances of his weaning and his training as to eating, toilet, and sleeping habits had been uneventful transitions. He was well prepared, according to his ability to understand, for the births of his siblings. There was one experience that might well be directly considered as having been traumatic. When he was two years old, he walked into the parents' bedroom while they were

having intercourse. Following this incident, he was restless in his sleep during the next few nights.

An explanation as to what actually occurred during the seconds when this boy briefly fled from an intolerable reality would involve both physiological and psychological mechanisms. From the physiological point of view, something happened as the result of a sudden stress; yet there was no physical manifestation, such as occurs for example in the vasomotor system during syncope. There was, however, a complete blanking out of reality which may be compared with what happens in an electric circuit when the current carries too heavy a load and a fuse is blown. Physiology might explain what happens when the load is too great; but the nature of the load itself requires psychological explanation.

The child was surely thrown into a state of psychological shock by his father's sudden sharp rebuke for behavior which had not only been permissible but which formerly had been a source of libidinal interchange between father and son. This type of confusion is reminiscent of some of the states resembling catatonia produced experimentally in animals. The intensified pummeling of the father may on this occasion have been the manner in which the child was discharging the anxiety of being in the forest, amplified of course by the family's tensions that had accumulated during the day prior to the drive. The fantasy into which the boy fled may be reconstructed as a condensation of the paternal anger, the primal scene, and his own projected oral sadistic impulses. As frightening as these fantasies severally may have been, they did not equal the terror he experienced directly following his father's unwonted anger. Unquestionably the actual fear of his father was so fortified by oedipal guilt and pre-existing anxieties that the summation was too much for him to bear. His defense was the reflex development of a trancelike state in which he had a fantasy which enabled him to master his anxiety.

This incident in a four-year-old child's life invites the speculation that repeated experiences like this in infancy can contribute substantially to the pathogenesis of clinical anxiety and phobias. With parents who habitually subject a child to such emotional shocks, it is known that in some children self-perpetuating anxieties are established as a reaction by association to remotely related stimuli.

In the absence of more intimate knowledge of this child, his transient disturbance of consciousness is estimated to be a hysterical state (fugue). The flight is from the anxiety aroused in him by a singularly angry rebuke from his father. The child, as if in a waking dream, evokes a momentary fantasy in which his counteraggression toward his father is represented as a totemistic reprisal. This seemingly threatening fantasy allays his anxiety because, being in the phase of the *œdipus*, he cannot tolerate his sudden aggression toward the usually benevolent father. Why the boy selected a lion as the totem for the father is not known. The fantasy, however, proved to resolve his brief state of emotional shock, and restored him to the bosom of his family.

FRIEDA FROMM-REICHMANN

1890-1957

Dr. Frieda Fromm-Reichmann died at the age of sixty-seven at Chestnut Lodge in Rockville, Maryland, where she had for many years lived and worked.

Born in Königsberg, East Prussia, she was encouraged by her parents in her aspiration to become a physician—an unusual one at that time for a woman. She graduated in medicine in 1914. During World War I she served as a member of the staff of Kurt Goldstein, treating soldiers with injuries of the brain. She became interested in psychiatry early in the nineteen twenties, and in psychoanalysis through the writings of Freud. After her training she practiced psychoanalysis in Heidelberg.

With the rise of National Socialism in Germany Dr. Fromm-Reichmann emigrated to the United States where she was welcomed by Dexter Bullard as a member of the staff at Chestnut Lodge. There she developed a technique of modified psychoanalytic therapy of schizophrenia, which she first called 'psychoanalytically oriented psychotherapy', in later years revising her original estimation of the essential differences between her method and the psychoanalysis of the transference neuroses as theretofore opposed to the analysis of narcissistic neuroses. She achieved, in the course of years, surprisingly successful results in the treatment of psychoses.

Some of the principles of her technique and theory are published in her book, *Principles of Intensive Psychotherapy*, and in numerous contributions to periodicals.¹

We are indebted to Dr. Edith Weigert for permission to publish this brief abstract of a biographical sketch of Frieda Fromm-Reichmann's life, read at the First Annual Frieda Fromm-Reichmann Memorial Lecture, November 1, 1957, at the Clinical Center, National Institutes of Health, Bethesda, Maryland. It is published in full in *Psychiatry*, XXI, No. 1, 1958.

¹ *Principles of Intensive Psychotherapy*. Chicago: The University of Chicago Press, 1950. (Reviewed in *This QUARTERLY*, XX, 1951, pp. 300-303.)

Cf. also, Fromm-Reichmann, Frieda: *Transference Problems in Schizophrenics*. *This QUARTERLY*, VIII, 1939, pp. 412-426, and *Problems of Therapeutic Management in a Psychoanalytic Hospital*. *This QUARTERLY*, XVI, 1947, pp. 325-356.

CHARLES OTCHIN

1900-1957

Doctor Charles Otchin died suddenly of coronary thrombosis while vacationing with members of his family in Florida during August 1957. He had not been ill previously, and there was no warning of his untimely end.

Doctor Otchin was born in Russia on October 4, 1900. He emigrated to the United States with his mother and brothers in 1920 and settled in New York. He graduated from the College of the City of New York in 1924, and received his medical degree (with honors: A.O.A.) from the New York University-Bellevue Medical School in 1928. Following two years of internship at Central Islip State Hospital, Israel Zion Hospital in Brooklyn, and City Hospital in New York, he applied himself to a psychiatric career at Central Islip State Hospital where he remained seventeen years, achieving the status of Senior Supervising Psychiatrist. In 1947 he left the service of the New York State Department of Mental Hygiene to enter private practice in New York City and to complete his analytic training at the New York Psychoanalytic Institute.

While at Central Islip, Dr. Otchin was one of a handful of psychiatrists who participated as a group in animated psychoanalytic discussions. All the members of this group subsequently became members of the New York Psychoanalytic Society. Dr. Otchin became a regular member in 1952.

For ten years he served on the Psychiatric Staff of Mt. Sinai Hospital and for a year prior to his death he gave four hours a week to the Federation for the Handicapped. He began as a student and continued on the staff of the Treatment Center where his dedication to clinical psychoanalysis and his sympathetic rapport with his patients were well known to all with whom he worked. To his patients, as to his friends and family, his passing is a profound personal loss.

He is survived by his wife, Kathleen, two children—Arnold, twenty-two, a graduate engineer, and Selma, seventeen, a student—, his mother, and three brothers.

SAMUEL R. LEHRMAN

BOOK REVIEWS

MAGIC AND SCHIZOPHRENIA. By Géza Róheim. Posthumously edited by Warner Muensterberger with assistance of S. H. Posinsky. New York: International Universities Press, Inc., 1955. 230 pp.

In this posthumous publication Róheim compares the origins of magic and schizophrenic fantasies—a topic with which he was pre-occupied in many of his writings. The similarities between magic and compulsive rituals have been pointed out by Freud, and dealt with in greater detail by Abraham in his early works. The basis of both lies in the omnipotence of thought which the child as well as primitive man possesses, while the repressed ego of the neurotic and psychotic substitutes this omnipotence of thought for realistic mastery of the environment upon which the gratification of instinctual needs depends. This concept is by no means new; the contribution of Róheim consists primarily in its wide documentation with anthropological observations and a fine study of the fantasies and dreams of a schizophrenic patient. Róheim, however, goes farther than merely pointing out the similar nature of these phenomena. His thesis is that the first object relation of the child is to the mother; hence, 'object relations in general are based on relations to the mother . . . mother is the prototype of Mother Nature'. Since the original object relation to the mother is oral, object loss means the loss of the feeding mother. Magic and schizophrenia are attempts to re-establish the lost mother-child unity by introjection and identification.

Róheim reaffirms Rado's earlier formulation concerning the function of oral gratification in ego development. According to Róheim, the oral function 'is one of the earliest and most important nuclei of ego development'. He then tries to account for the differences between magic and schizophrenia. Magic proceeds in this fashion: '1, originally there is an object-directed cathexis; 2, then withdrawal and a secondary narcissism; 3, then a movement back from the "autarchic" position, a return to object. These processes in magic are egosyntonic and shared by the social group. In psychosis these processes are not egosyntonic and are not shared by the social group, while the return to the object is usually unsuccessful.'

The reviewer found some of the tangential formulations of Róheim more illuminating than his basic formulations: for example, when he challenges Fromm's view that mankind, like a child, progresses from dependency to an ever-increasing degree of individuation and freedom. Róheim retorts: 'We are neither as free nor as "adult" as our Stone Age ancestors. . . . This may appear true if we look at the section of European history from the Middle Ages to the nineteenth century. But if the testimony of anthropology indicates anything, it shows that primitive man is free, untrammled, and truly self-reliant in comparison with medieval or modern man.'

Equally interesting are references to the function of hope in the emotional household of man, although Róheim does not use the expression 'hope'. 'Reality means the tolerance of frustration, of suspense, of pain; and we assume that this becomes possible on the basis of retained sensations of pleasure. Pain becomes bearable because the reoccurrence of past pleasure is expected.' Or, in another place: 'Certainly if we do not believe that we can get what we want, even that we can get it because we want it, we could not get it simply on the basis of realistic action. We might, therefore, say that mankind functions mainly according to the magic principle.'

The world is not constructed according to our wishes. Nor can we transform it, even in our technological age, to the degree that we would like. The magic principle thus remains as fundamental today in the age of science as in the beginnings of civilization. Indeed, a number of modern epistemologists came to the same conclusion.

Sandor Lorand wrote a succinct introduction to this book, which contains some of the profound *aperçus* of its author.

FRANZ ALEXANDER (LOS ANGELES)

SCHIZOPHRENIA 1677. A PSYCHIATRIC STUDY OF AN ILLUSTRATED AUTOBIOGRAPHICAL RECORD OF DEMONIACAL POSSESSION. By Ida Macalpine, M.D. and Richard A. Hunter, M.D. Psychiatric Monograph Series No. 2. London: William Dawson & Sons Ltd., 1956. 197 pp.

This is the second book by Doctors Macalpine and Hunter and the second volume in the Psychiatric Monograph Series discussing a work by Freud. Some time ago when I reviewed here their first publication in this series, Schreber: *Memoirs of My Nervous Illness*, I

followed closely Freud's advice in his introductory remarks to the Schreber case. Accordingly, I used a 'policy of restraint', paying tribute to the authors' laudable efforts as translators and limiting myself to a few questioning observations on what appeared to be their rather generalizing and sweeping attempts at interpretation or reinterpretation. In reviewing their present effort it becomes increasingly difficult to maintain such a policy of restraint. To be sure, from a typographical viewpoint this volume is even more beautiful than the preceding one: format and illustrations are again superb; facsimiles and color-plates are of the highest order (the edition is limited to seven hundred fifty copies). Unfortunately, this is nearly all that can be said in its favor. Even the title is misleading. Only one-third of the text deals with what the authors term *Schizophrenia 1677*, and what Freud in 1923 presented in his paper, *A Neurosis of Demoniacal Possession in the Seventeenth Century*. The rest of the book is filled with the authors' ideas about mental health and illness, with their opinions about Freud, Schreber, paranoia, the case of Anna O, psychoanalytic training and technique, and various other themes, with manifold statements for, against, and about psychoanalysis, with variegated and numerous quotations from a great variety of ancient and modern sources—all of this (and more) offered with a good deal of repetitiousness and overelaboration. There are also sub-chapters on psychotherapy and psychiatric training (the latter should come about, if possible, 'without the exorbitant demands in time, money, and energy made by formal training analyses'), and even a chapter, *The Classical Technique of Psychoanalysis*, which, according to Macalpine and Hunter, 'is a tradition, its individual features are ill-understood, and have not been scientifically investigated'.

One could, of course, easily forgive the writers the many errors which they so readily commit, in common with so many other critics of Freud and psychoanalysis, but their criticism is of a special kind and it makes for sad reading. Their opposition to Freud—or should I use the technical term 'resistance'?—has some of the quality and substance discussed by Jones in one of his *Freud Centenary Lectures*. It runs like this: Freud was a great scholar, even a genius, *but* unfortunately most, if not all, his ideas are woefully misrepresented and misunderstood. The authors' main thesis, expressed throughout the present volume, is essentially that their ideas about psychopathology are right, while Freud's are wrong; that their approach to and un-

derstanding of Schreber's, Haitzmann's, Anna O's, and other patients' illnesses are correct, while Freud's views about these cases are incorrect, his findings doubtful, and his conclusions mistaken. In this cavalier fashion the two authors approach the dramatic story of Christoph Haitzmann (also spelled Haizmann), the sick painter, and offer a sweeping revision of Freud's interpretation of the artist's illness. In Freud's thorough interpretation—based on his analysis of the artist's symptomatology, pact with the devil, paintings of the devil, fragments of a diary, etc.—the devil to whom the painter, like Faust, sells himself in a solemn pact is recognized as 'a direct father-substitute . . . the satanic conception of the father' and as 'an image of the father' distorted by the painter's sick mind. As in the case of Schreber, Freud discusses the sick son's attitude to his father and concludes: 'What he is struggling against is the feminine attitude to the father', which culminates in and manifests itself through the artist's mental illness.

To Doctors Macalpine and Hunter this is not so. According to them, Haitzmann's disease has to do with procreation fantasies. Homosexuality? Not a trace of it. To use the authors' own wording: 'There is no evidence of homosexuality . . . no shred of evidence of homosexual conflict . . .'. Berating Freud for 'having committed the devil to the role of a father-substitute', they also find that in the painter's diary 'there is no mention of his father'. These are strong statements. Quite apart from analytic experience which teaches that such overly strong, pronouncementlike formulations ('no shred of . . .') may be suggestive of precisely the point which is denied, and just as the very omission of the father is of analytic significance, the paintings of the devil by Haitzmann himself tell a different story.

Asserting that Freud selected 'only such material as seemed to support his theory, and reproduced none of the paintings' (as to the last reproach it is well to remember that in 1923 inflation was rampant in Austria!), Doctors Macalpine and Hunter publish Haitzmann's nine paintings of the devil as the sick artist saw him during the various stages of his illness. They are remarkable paintings, indeed, depicting the apparition of the devil in different modes, shapes, and guises. The first apparition of the devil (plate 1) shows him as a heavily bearded man, well-dressed and dignified looking, with hat, cane, and a black dog at his side. Haitzmann explains this first apparition with the following words: 'The first time he appeared be-

fore me in this his guise as a *Bürger*, having with him a black dog, and asked why I was so *dismayed and sad*, he would help me out of my distress if I were willing to subscribe myself in ink to him *to be his son, he would assist and help me in every possible way*' (italics added). The second picture shows a more satanic type of devil, semi-nude, ugly, with beard, horns, cane, claws, two large breasts, and in the accompanying text the artist reports that he was forced to subscribe himself with his own blood to the devil. The third and fourth paintings depict the devil with massive horns, tails, and various protuberances sticking out of his forehead, arms, and hip area, again with claws and breasts. The fifth plate has the devil with a beard, huge nose, horns, claws, and *an enormous, erected, elongated, definitely penislike protuberance hanging down from the pubic area almost to the ground and ending as a snake*. Foregoing here the description of further details of all of Haitzmann's paintings, we have every reason to be grateful to the two authors for having reproduced them. Could Freud's main points about Haitzmann's devil be more strikingly borne out than by these paintings? Especially by the graphic portrayal of the devil's male genital, a penis of truly 'devilish' proportions? It is therefore with amazement that we read the authors' candid assertions, '... nor as can be seen from the paintings is there ever any indication of the male genitalia' (p. 103), or, on p. 104, '... nor do the paintings ever show any indication of the male genitalia'.

This example reveals only part of the argumentation used in the book. Just as Haitzmann's devil is depicted in ever more distorted modes of representation as his portrayal by the artist develops through the years of his illness, Freud and his analytic concepts are found, in the pages of this volume, more and more responsible for all sorts of mischief, especially toward the end of the book when the polemical undertone comes to the fore. On page 6, it is merely the wish 'to argue the case with Freud'; on page 147, it is discovered that 'the main influence exerted by psychoanalysis on psychiatry has been on classification and not on the understanding of mental disease'; on page 153, it is asserted that 'Freud had to manipulate, in part, even misrepresent . . . material'. In the concluding remarks, finally, reference is made to the 'fallacies and misconceptions of the libido theory and how it has come to impede the development of effective psychotherapy'. Is it surprising that toward the end of the volume

also a broad hint is dropped that psychoanalysis may be ultimately responsible for electroshock treatment, lobotomy, and possibly other procedures to come? The authors, apparently in all earnestness, write 'psychoanalysis by its division of mental illness into neurosis and psychosis encouraged psychiatrists and psychoanalysts themselves to assume . . . that the origin of severe mental illness lay in as yet unknown brain pathology. This helped to pave the way for a revival of "treatment" by empirical brain-destructive procedures . . .'
(p. 144).

Could it be that Haitzmann's devil, after going through so many strange and distorted guises in the seventeenth century, has reappeared in the twentieth—this time in the guise of a psychoanalyst? It is truly regrettable that this book is available in a limited edition only. It could be read with profit by every worker in the field, if only to enjoy its superb illustrations, to admire the typographical achievement, and at the same time to learn how *not* to analyze the posthumous work of an artist.

WILLIAM G. NIEDERLAND (NEW YORK)

THE SEARCH WITHIN. THE INNER EXPERIENCES OF A PSYCHOANALYST. By Theodor Reik. New York: Farrar, Straus & Cudahy, 1956. 657 pp.

The Search Within consists of selections from several books by Theodor Reik, abridged and edited by the publisher. Though written at different times, the selections are held together by the author's original and passionate personality.

Thirty Years With Freud offers a lively picture of Freud, spiced with anecdotes and recollections of his wisdom and wit. Here is Freud seen through the eyes of a man whose background, like Freud's, is the culture of the old Austrian Empire, its music, art, and literature.

The second part of the volume is taken from Fragments of a Great Confession. Reik's ability to look into his unconscious and to lose himself in free association often leads to repetitiousness. Hence the abbreviated form of the Great Confession offered here may, for many readers, be preferable to the original. It remains a remarkable self-revelation and an excellent contribution to the understanding of obsessional and compulsive symptoms. Reik urges every analyst

to emulate Freud 'with regard to his fearlessness, his moral courage, his readiness to suffer for his convictions and to remain lonely'. These confessions are certainly proof of moral courage.

Part III, selected from *Listening With the Third Ear*, deals with the gift for psychological observation. Reik traces the development of psychology back to self-observation by the child. The child realizes that it is observed by parents and nurses: thus self-observation originates in the awareness of being observed. A psychologist's gifts must include not only the ability to observe others, but the ability to see others mirrored in himself. 'The most important and the most valuable insights of psychoanalysis are found by self-analysis. Wherever and whenever psychoanalysis makes really important scientific progress, it will be accomplished by an experience in which self-analysis plays the greatest role.' Reik gives examples of exercises in self-analytic thought association, which he thinks every analyst should practice in order to avoid the danger of seeing himself as an "expert" on the heights and depths of psychical life'. Part IV offers selections of two other works by Reik, mainly interpretations of experiences in literature and music. Here too, self-analysis provides an important tool in understanding others.

In a hitherto unpublished chapter, *Adventures in Psychoanalytic Discovery*, Reik uses the same approach in dealing with problems such as superstition, myths, and prehistoric phases of civilization. The ideas are all interesting; verification will have to come from specialists in the various subjects Reik treats.

Though Reik's books have found a wide circle of readers among the general public, his isolation from his colleagues has reduced his influence among analysts. This volume, written by a man of unusual gifts and a rare natural talent for analytic experience, is a remarkable collection. It should be read by every analyst not familiar with Reik's work.

Much as Reik analyzes himself and demonstrates thereby how important self-analysis is for the analyst, he does not seem to apply self-analysis in his running battle with his colleagues (fortunately held in check by the editor of the present volume). However, he has the courage to quote many admonitions from Freud to show more moderation and self-control, to restrain his hostility, to expurgate spiteful remarks, etc. 'I know', Freud wrote to him in 1914, 'that you are again successfully engaged in spoiling for yourself as many op-

portunities as possible'. Reik admits that Freud was justified in criticizing his attitude; nevertheless he has not guarded against repetition of these propensities, since he came to the United States. But these are the shortcomings of a complex person whose interest in himself and whose remarkable perceptiveness and introspective talent make his work rich and stimulating.

Reik's fare concludes with a kind of dessert—letters from Freud to Reik over a period of twenty-five years. Freud's letters are always interesting, sometimes delightful; for example, he asks Reik: 'What ill wind has blown you, just you, to America?'

HENRY LOWENFELD (NEW YORK)

OF LOVE AND LUST. ON THE PSYCHOANALYSIS OF ROMANTIC AND SEXUAL EMOTIONS. By Theodor Reik. New York: Farrar, Straus and Cudahy, 1957. 623 pp.

Almost simultaneously with publishing his new book, *Myth and Guilt* (George Braziller, Inc., New York, 1957), Theodor Reik is re-editing a second volume of selections from his previous works under the title, *Of Love and Lust*.

Part I is taken from *A Psychologist Looks at Love* (1944), while Part II is a compact version of *Masochism in Modern Man* (1941) with its message of 'victory by defeat'. The last third of the book, approximately two hundred pages, is reprinted from recent publications and deals with such topics as: the unmarried, the emotional differences of the sexes, guilt feelings, impotence, jealousy, the sexualization of clothes, homosexuality, feminine vulnerabilities, etc.

Regardless of the degree of psychoanalytic sophistication, this is one of the books which will be read by men and women, by analysts and patients with differing degrees of interest and benefit.

MARTIN GROTJAHN (BEVERLY HILLS)

DISTURBED COMMUNICATION. By Jurgen Ruesch, M.D. New York: W. W. Norton & Co., Inc., 1957. 337 pp.

The subtitle of this volume reads: *The Clinical Assessment of Normal and Pathological Communicative Behavior*. The author, by borrowing from the disciplines related to psychiatry, and including cybernetics, presents 'a theory of human communication founded upon modern principles of scientific philosophy'. He holds that 'tra-

ditional psychopathological formulations . . . have neither explained the origin of mental disease nor contributed toward the development of effective treatment methods' and believes the time has come to try a new approach. He thinks that since communication 'seems to be basic to all forms of human relations . . . the formulation of human problems in terms of communication [will enable] the scientist to carry out the assessment of human communication along a continuum which ranges from normal to abnormal'. The presentation is 'problem-oriented rather than patient-oriented' and 'reflects the fact that in the process of communication at any one instant an individual deals not with the total personality of the other person but with certain salient features' of himself and the other person. It is the author's hope that specification of processes of communication, both normal and disturbed, 'will provide the clinician with a workable scheme which will prove useful in action as well as in retrospective reporting'.

Part One: The Nature of Communication Pathology, after a review of earlier related scientific contributions, takes up the nature of successful and disturbed communication, essentially in terms of the resulting gratification or frustration. The Genesis of Disturbed Communication considers the influence of such factors as 'overload', 'underload', 'incorrect timing', 'inappropriate statements', 'devious acknowledgment' and 'threatening content'. In discussing the genetic role of feedback, which 'is also responsible for the continuation of faulty perception and action', the author offers as an example (p. 68) a hand-washing compulsion. It is disquieting that the application of communication theory in this instance results in a superficial, mechanistic description without evidence of psychodynamic influence. The three other chapters of this part deal with disturbances of communication in childhood, in adult life, and in groups.

Part Two: The Clinical Observation of Communicative Behavior, after a chapter titled The Systematic Assessment of Communication, presents A Guide to the Clinical Observation of Communicative Behavior. The guide is divided into three profiles: A, Personality Profile (preferences, attitudes, potentialities and disposition); B, Interaction Profile (repetitive action sequences which occur in two-person situations); C, Group Profile (repetitive behavior in group situations). Each profile is then focused upon a series of six 'intervening variables': 1, systems of communication; 2, functions of communi-

cation; 3, language and codification; 4, content and information; 5, metacommunication and instruction; 6, correction, feedback, and reply. In each instance the undisturbed functioning is paired with the disturbed. The results of this effort yield a great deal more than a systematic array of healthy and disturbed character-symptom facts. Dr. Ruesch demonstrates an extraordinary capacity for observation and the reader is presented with a series of fascinating character vignettes. A study of this section of the book could do much to enrich our all too often impoverished powers of description of personality variables, and to increase our scope of observation.

In considering this book as a whole, the reviewer is reminded of the branch of mathematics, devised by Willard Gibbs, known as vector analysis, which makes it possible to express in a single equation that which would ordinarily require two or three algebraic or trigonometric equations. Dr. Ruesch, also, has attempted to develop a technique to deal with 'field theory'. His 'fields', however, are not amenable to mathematical approach and, consequently, we must await further application of his combined-sciences approach before we can be certain that its verdant perspectives will not obscure our psychiatric view of the trees.

WILLIAM G. BARRETT (SAN FRANCISCO)

A NEW PSYCHOTHERAPY IN SCHIZOPHRENIA. By Marguerite Sechehaye.
Translated by Grace Rubin-Rabson, Ph.D. New York: Grune
& Stratton, Inc., 1956. 199 pp.

The subtitle of the English translation of this book is *Relief of Frustrations by Symbolic Realization*. This is to remind the reader that it is another work by the discoverer of the method of symbolic realization.

In two previous volumes the author described the case of Renée, the young schizophrenic girl who, after having been declared incurable by many prominent clinicians and left unimproved after years of hospitalization, series of shock therapies, and an attempt at classical analysis, was finally restored to full human existence by the dedicated efforts and great ingenuity of Madame Sechehaye.

This book presents conferences delivered before the staff of Burg-hölzli at the invitation of Professor Manfred Bleuler (the son of Eugen Bleuler). Great psychological penetration, sensitivity, and absolute dedication to the patient characterize these lectures which are

presented with admirable French lucidity. The translation is quite readable. However, in the opinion of this reviewer, '*condition humaine*' should not be translated as 'fate of man' but simply as 'human condition'.

In her introduction the author indicates the four conditions indispensable for the practice of her method. They are intuition and deep knowledge of psychoanalysis, supplemented by personal analysis and clinical psychoanalytic experience; moreover, she insists on the significance of the maternal or rather parental fiber in the therapist. No less important, according to the author, is the knowledge and penetration of presymbolic magic expressions by which the patient's regressive needs seek satisfaction and compensation. In her exposition the author pays considerable attention not only to the psychoanalytic point of view but also to the existentialist and genetic one in the sense of Piaget and Odier.

In various chapters Madame Sechehaye presents the summary of the case of Renée and of her cure and supplements it with other observations. She analyzes the problems of the contact with schizophrenics, their primary needs and the reactions to their frustrations, criteria for interviewing relatives, aspects and processes of schizophrenic thinking, and other manifestations of schizophrenic disease in terms of symbolic realization. In the description of her therapeutic technique she gives proof of fine observation, ingenious and imaginative approach to the patient, and activity without the slightest brutality and with deep respect for the patient's personality. Throughout, her handling of patients shows the author not only as a fine psychologist and an astute clinician but also as a loving and infinitely understanding and penetrating mother. Among her many technical descriptions, I would like to single out the procedures connected with what she calls 'deculpabilization'. While the book is extremely instructive and certainly conveys the technique of symbolic realization, it makes one wonder how many of us can pride ourselves on all the qualities which emanate from the personality of the author as therapist.

GUSTAV BYCHOWSKI (NEW YORK)

PROGRESS IN PSYCHOTHERAPY—1956. Edited by Frieda Fromm-Reichmann, M.D. and J. L. Moreno, M.D. New York: Grune & Stratton, Inc., 1956. 352 pp.

This volume consists of papers presented at the meetings of the recently organized Section on Psychotherapy of the American Psychiatric Association, and of contributions from some other schools which could not be heard at the meeting. Moreover, psychiatrists from various countries (Austria, England, France, Germany, Spain, Switzerland, and South America) survey the field in their countries of origin. Obviously, a review can hardly do justice to this multifaceted collection of thirty-one essays, supplemented by the remarks of invited discussants.

The reader is treated to a whole spectrum of methods and schools of psychotherapy, most of them narrated by authoritative representatives. In this way we are offered an encyclopedia of present-day psychotherapy. This is certainly most informative, and so are the brief presentations from various countries. The general level of presentation can be described as high and, as befits such a typically eclectic collection, devoid of impassioned partisanship.

Some contributions show more interest in theoretical principles than in the practical implications of the method presented: for instance, the penetrating but much too brief presentation by Binswanger, the master of existential analysis. Other authors give a detailed description of their technique: for example, Rogers in his discussion of client-centered therapy and Gutheil and Lowy in their faithful presentation of Stekel's active analytic therapy. Thoughtful discussion of basic principles with penetrating criticism and formulation of research problems is presented mainly by Kubie and Maserman. The element of interpersonal and group relations prevails throughout most of the contributions. Thus, the theory of communication, psychodrama, group therapy, and problems of transference and countertransference are the subjects of a number of chapters.

GUSTAV BYCHOWSKI (NEW YORK)

THE WAR BLIND IN AMERICAN SOCIAL STRUCTURE. By Alan G. Gorman, Ph.D. New York: The American Foundation for the Blind, 1957. 237 pp.

Thomas D. Cutsforth's laudatory foreword to this book is richly deserved. It can be enthusiastically recommended to any professional worker with the blind or other physically handicapped and to the

intelligent relatives and companions of blind people. Gowman was blinded in combat in World War II, subsequently received a Ph.D. in sociology at Harvard, and based this work on his doctoral research. However this is no arid dissertation. While Gowman clearly presents his theoretical and methodological orientation, the book integrates a wealth of sociological, psychological, and psychoanalytic data into an imaginative human document. He is quite free of the compulsive need to translate psychoanalytic concepts into nonpsychoanalytic terms.

Essentially Gowman delineates: 1, the nature of stereotypical thinking, ambivalence, and other pervasive hazards placed by society in the way of the blind who seek vocational and social integration; 2, the nature of the interactions between the blind and the seeing in key life situations (Of outstanding interest is the ingenious experimental study of what happens when a haberdashery clerk is confronted by a blind man, accompanied by a seeing woman, who wants to buy a shirt, the observer acting as a browser in the store.); 3, the definitive character types among the blind resulting from individual predisposition, reaction to blindness, and interaction with the seeing. Gowman knows that a major problem is the initial sharing by the blind with the seeing of stereotypical thinking and ambivalent feeling about blindness. The presentation is relatively sketchy with regard to the inner psychic life of the blind individual, but this is admittedly not the author's primary focus.

Concerned with the problems of integration of the blind, Gowman demonstrates that they are more or less shared by other handicapped people and members of racial and religious minorities. It is strongly suggested by the author's investigation of the attitudes of seeing high school students that these problems are greater for the blind than for the deaf, amputees, and those with disfiguring burns of the face.

The history of the blind is presented as a stimulating tidbit in the appendix; I regret it was not a fuller introductory chapter. The American Foundation for the Blind is to be congratulated for publishing a fine book in an attractive format.

H. ROBERT BLANK (WHITE PLAINS, NEW YORK)

THE SCIENTIFIC STUDY OF SOCIAL BEHAVIOR. By Michael Argyle. New York: Philosophical Library, Inc., 1957. 239 pp.

The subject under study is not social behavior but only those selected aspects of social psychology which lend themselves to experimental and statistical methods. As may be expected in a psychological or sociological work which is both 'scientific' and 'up-to-date', no theoretical position is adopted and hundreds of empirical investigations are summarized.

Argyle, who is Lecturer in Social Psychology at the University of Oxford, has made a determined effort 'to put facts before theory'. The ironic result is that the preliminary discussions of method and theory are more rewarding than the so-called facts. Nevertheless, the techniques of validation are such that the titans of psychological and social theory are inevitably neglected: Freud is discussed superficially; Durkheim fares no better; and Weber receives only a passing nod.

The author devotes much space to the study of interaction, between pairs of people, in small groups, and in industry, yet curiously enough, he pays scant attention to the contributions made in this area by Arensberg, Chapple, and Homans. His brief criticism of Arensberg and Chapple reveals ignorance of, or indifference to, their researches and publications over the past eighteen years.

It is significant that the important processes of socialization are deliberately excluded from this study. Socialization, like personality, requires a type (or level) of hypothesis and generalization with which the 'scientific' psychologist is unprepared to work.

S. H. POSINSKY (NEW YORK)

THE HANGOVER. A CRITICAL STUDY IN THE PSYCHODYNAMICS OF ALCOHOLISM. By Benjamin Karpman, M.D. Springfield, Illinois: Charles C Thomas, 1957. 531 pp.

This is a psychiatric study of fourteen alcoholics—seven men and seven women. The stories of their alcoholic careers were collected in interviews and from written material prepared by the patients. The approach is narrative and descriptive with some dynamic flavoring.

Emphasis is put on the study of the postalcoholic state, hangover, as a crucial fragment of the syndrome of alcoholism. Also, the hangover provides a window for the closer study of the psychology of alcoholism itself. Hangover is characterized by the toxic effects

of alcohol as well as by the psychological aspects of guilt and depression. The latter features are consequent to the release by alcohol of previously forbidden fantasies and actions. These factors of guilt and depression, seen in exaggerated form in the hangover, are an essential part of the sickness from which the alcoholic seeks to escape by means of alcohol. Alcoholism is described as a cyclical flight. It is used to escape emotional stress but its use brings about the increased psychic pain of the hangover, for which more alcohol is taken. This vicious circle then leads to a progressively widening psychological and physical deterioration.

These fourteen case histories should be valuable to those interested in detailed descriptions by patients of their subjective experiences with alcoholism. The dynamic understanding of alcoholism is limited by the way in which the data were collected. Further analytic study of cases of alcoholism would add much to our understanding of this illness.

ARNOLD Z. PFEFFER (NEW YORK)

HOSPITAL TREATMENT OF ALCOHOLISM; A COMPARATIVE EXPERIMENTAL STUDY. By Robert S. Wallerstein, M.D. and Associates. New York: Basic Books, Inc., 1957. 212 pp.

This volume is a report of a research project conducted at Winter V. A. Hospital in collaboration with the Menninger Clinic. The purpose was to evaluate the therapeutic efficacy of four modes of treatment for alcoholism: Antabuse, Conditioned-Reflex Treatment, Group Hypnotherapy, and Closed Ward Milieu Therapy (activities program and group psychotherapy). An attempt was made to correlate the degree of success of each treatment method with the personality structure of individual patients. The percentages of patients improved in each group were: Antabuse, fifty-three; Conditioned-Reflex Therapy, twenty-four; Group Hypnotherapy, thirty-six, and Milieu Therapy, twenty-six.

Of the forty-seven patients who received Antabuse, twenty-five were improved. None of the categories of characterological diagnosis was large enough to allow significant correlations with the degree of improvement to be made.

Twelve of the fifty patients in the Conditioned-Reflex group were considered improved. The authors were particularly interested in

observing the impact of Conditioned-Reflex on patients with strong elements of aggressivity in their psychological make-up. The concept behind this treatment was to provide a modality that the patient might perceive as a threatening or punishing external intervention which he would be powerless to control, but must somehow internalize and assimilate. Aggressive patients would be faced with a situation mobilizing aggressive impulses which could not be expressed within the framework of their customary aggressive and controlling ways. This group of aggressive patients consistently showed the poorest results with Conditioned-Reflex treatment.

Thirty-nine patients were treated with Group Hypnotherapy. Fourteen were listed as improved. The degree of hypnotizability was an important variable and this treatment was most feasible in the passive-dependent character group. The trend was in the direction of a positive correlation between the depth of hypnosis obtained and ultimate improvement. The incidence of improvement was highest (sixty-three percent) in the passive-dependent nosologic category.

The Milieu Therapy group was considered a control group designed to provide its members with the same hospital milieu, activities, program and group psychotherapy as each of the other three groups, but without the specific added modality. Of forty-two patients, eleven were considered improved. The over-all outcome of treatment for patients in this group was independent of their distribution in the major diagnostic categories.

ARNOLD Z. PFEFFER (NEW YORK)

THE UNCONSCIOUS MOTIVES OF WAR. A PSYCHOANALYTICAL CONTRIBUTION. By Alix Strachey. New York: International Universities Press, Inc., 1957. 283 pp.

The author devotes the major portion of this book to an excellent outline of psychoanalysis. This is clearly and simply presented so as to be understandable to the intelligent layman.

The second part, *The Danger Points In Group Psychology*, is devoted to the presentation of the psychology and psychopathology of crowds, artificially formed groups, and governments. Mrs. Strachey states that though the wider society in which the individual lives affords an opportunity to develop and overcome childhood attitudes

and attachments, at other times under stress these groups may afford him an opportunity to regress with the formation of egodystonic attitudes which he could not express otherwise except through symptoms. She goes into the psychology of crowds with its development of excitement, suggestibility, ready identifications, increase in infantile narcissism, and partial lessening of ego and superego functions with consequent need for a leader or father imagoes. Though these changes are transient in crowds, in groups and governments they are longer lived. Libido is withdrawn from those outside and concentrated on the group, allowing hostility or indifference to be shown to others.

The third part is given over to recommendations regarding prevention. The author suggests the curbing of powers of autocratic governments by fostering democratic forms in all countries; generally recognizing and restricting the powers of potentially despotic leaders; breaking states into small units as far as possible; increasing the interest in the church (which she believes tends to lessen autocratic power since it owes its allegiance to God and not to man); and by strengthening the importance of the small family unit. She also feels that greater education regarding language and customs, more foreign travel, formation of international organizations, etc., would be of help.

Changes in the individual are discussed at some length, and there is a chapter on the rearing of children. This is Mrs. Strachey's big hope for prevention. As a last recommendation she believes that the psychoanalytic method should be applied as a prophylactic measure on all persons in leadership positions, especially in government, as well as educators and others handling large units of people.

The book closes with the statement that the destructive instincts are after all the greatest cause of war and are impossible to eradicate, but that the measures outlined may modify them considerably.

JOSEPH W. OWEN (NEW YORK)

THE URGE TO MASS DESTRUCTION. By Samuel J. Warner, Ph.D. New York: Grune & Stratton, Inc., 1957. 188 pp.

Dr. Warner investigates three separate areas of potential information and from these hopes to bring better understanding to the pressing problem of mass destruction. I am not certain that he adds

much new but his account of the philosophy of Nietzsche and the concept of Satan throw light on these neglected areas of thought. To these he adds consideration of the 'defeating patient'. He then endeavors to demonstrate similarities in these three areas to substantiate his thesis, namely, that 'self-and-other defeat' is the basis of the wish for mass destruction.

In the clinical section of the book, particularly the part dealing with psychotherapeutic techniques, there is nothing added that the analytically trained psychotherapist does not already know or should know. I cannot understand why the author goes to considerable lengths to attempt to differentiate what he terms 'defeating behavior' from resistance. It seems to me that they add up to the same. The idea of the use of parameters is treated as if it were a somewhat new concept, and the important idea of using only analyzable parameters is not mentioned at all. Other means of 'combating self and other defeat of our time', namely religious, political, economic, and social areas, are dismissed after naming them. Perhaps their detailed inclusion would be of considerable value to the nonanalytically trained therapists, to whom this book seems to be addressed.

The author has undoubtedly spent a great amount of time and thoughtful effort in compiling this work. This is particularly made evident by the six hundred twenty-four notes in the one hundred forty-nine pages of text. A longer and more detailed account with fewer direct quotes, particularly from Nietzsche, would have made it more readable. The habit of dropping a subject in the middle of the stream with the mention that it will be taken up subsequently, leaves the reader with repeated, only partially fulfilled, expectations.

In spite of some of my above comments I believe there will be few who read this volume without profit.

EUGENE G. GOFORTH (SEATTLE)

PSYCHOTHERAPY OF THE ADOLESCENT. Edited by Benjamin Harris Balser, M.D. New York: International Universities Press, Inc., 1957. 270 pp.

The major part of this volume consists of symposium papers presented at the 1955 meeting of the American Psychiatric Association. Each paper concentrates on the therapeutic procedures characteris-

tic of a particular setting, such as private practice, boarding school, residential treatment, outpatient and inpatient hospital clinic, and others. These discussions are rounded out by a recorded interview with an older adolescent, and a 'schoolmaster's' thoughts on the topic of the book. A bibliography and index are included.

This reviewer found Dr. Irene Josselyn's paper on private practice of particular interest. It reflects a seasoned practitioner's technique with the implicit dynamics vividly conveyed through several clinical vignettes. Doctors Herbert I. Harris and Felix P. Heald describe a unique clinic setting in Boston which confines its attention exclusively to the adolescent age group; for this group it operates as a 'general practice clinic. The Unit's policy is to focus on the person, and to attempt to meet all his needs.' A psychoanalyst who is at the disposal of the physician keeps the relevant personality problems in focus. The operation of the clinic is well-documented by case illustrations. In view of the frequency with which physical symptoms accompany psychiatric disturbances in adolescence, this approach might well throw new light on some aspects of adolescent psychodynamics.

In the dearth of material on adolescent psychiatry this volume is a welcome summary of the diversified services in the field. The descriptions of the various 'settings' have practical usefulness; however, the analyst will be disappointed by the many generalizations which add little to our knowledge of adolescence. The 'strengthening of the ego' is an elusive concept which by no means suffices in guiding the therapist through the complexities of adolescent disturbances. This volume is a painful reminder of the fact that we still lack an integrated psychoanalytic theory of adolescence.

PETER BLOS (NEW YORK)

YOUTH AND CRIME. Proceedings of the Law Enforcement Institute Held at New York University. Edited by Frank J. Cohen. New York: International Universities Press, Inc., 1957. 273 pp.

This book comprises roughly twenty papers or addresses presented by persons active in youth counseling and care, including parole, police, and court officials. There are eight sessions covering the morning and afternoon meetings of the Law Enforcement Institute on Youth and Crime over a four day period.

The timeliness of the book cannot be doubted. In the introduction it is mentioned that two percent of all the children in the United States between the ages of ten and seventeen were dealt with by juvenile courts in delinquency cases. In spite of the immediacy of the problem, an impressive fact that emerges from this book is how little can be offered that is either new or useful. One of the limitations of the book derives from the fact there are so many contributors that depth and unity of consideration are of necessity sacrificed.

The causes of juvenile delinquency are seen as rooted in inadequate parental care, social factors such as the lack of moral goals in our culture (racial discrimination, etc.), and economic factors, including substandard housing and urban industrialization. No mention is made of the effect on family life of such major economic factors as unemployment relief, compulsory education, minimum wage laws, legal limitations regulating the employment of minors, or the effect of the military service laws. There is no effort made to distinguish the problems of individual psychopathology from those of subculture delinquency.

Recommendations made for meeting these problems range from the advice to invest in a 'stockpile of love', and the reaffirmation of traditional and religious values, to planning for better parent education programs and increased child guidance and social agency activities.

The psychological orientation is evidenced in a few case histories reported, where therapy was directed toward the delinquent's developing a significant object relationship. The impression is that the understanding is superficial and more well-intentioned than it is skilled. There is an unexamined implication that therapeutic techniques which might be applicable to some individual cases can be applied to large groups.

One paper by Paul W. Tappan raises a number of interesting legal questions. He points out that the intent of the purported benefactors to help the child by obtaining an adequate history can often lead to the child's being deprived of due process of law. It may be intended that the adjudicated child should be given care, understanding, and protection—when, in fact, once he is committed for his own good, he has a *de facto* police and court record and has been required to testify against himself in the process.

The reader senses throughout the tragedy of the lack of funds and

the insufficiency of adequately trained personnel in the difficult fight against ignorance, poverty, cruelty, and human suffering. Technically and educationally the book has little to offer. Since it rarely goes beyond the platitudinous, I doubt that it can be instructive even to the uninitiated; its greatest use is in the affirmation of the wish of dedicated people that they could do more.

WALTER A. STEWART (NEW YORK)

ABSTRACTS

International Journal of Psychoanalysis. XXXVIII, 1957.

On Smugness. Jacob A. Arlow. Pp. 1-8.

Smugness universally arouses dislike because the smug person is unconsciously seen as the well-fed nursling falling asleep at the mother's breast, a position everyone envies. Smugness means this because it implies complacency, self-centeredness, and self-satisfaction, as well as oral satiety, indifference to the environment, absence of guilt, and inability to learn. Persons deprived in childhood and lacking narcissistic supplies later are especially resentful of the smug.

Traumatic Elements in the Analysis of a Borderline Case. Max Hayman. Pp. 9-21.

Traumatic neurosis occurs when the influx of stimuli is so great and so rapid as to be unassimilable. Psychoneurosis occurs when discharge is severely blocked. The traumatic neurotic takes an important step when he changes from passively experiencing stimuli to actively repeating them in order to master them. Under conditions of severe stress, more mature mechanisms of defense against anxiety such as repression and reaction-formation are replaced by more primitive mechanisms such as denial, regression, and repetitive discharge. The symbolism and dreams of such patients, as of psychotics, are thinly disguised. Hayman illustrates these and other characteristics of traumatic neurosis.

The Analysis of an Unconscious Beating Fantasy in a Woman. Milton Lester. Pp. 22-31.

Freud examined such fantasies from several points of view: the relation of perversions to the oedipus complex; the relation between sadism and masochism; the origins of the superego; the function of repression; and, especially relevant to this paper, the way an infantile perversion may manifest itself in disguised and distorted nonperverse fashion. Analysis revealed how derivatives of such fantasies deformed a patient's character and her relationships. In her activities and relationships she 'arranged' to be 'psychically beaten', thereby demonstrating that she was a passive victim rather than an active attacker. The pathological behavior and fantasies served other purposes: she avowed weakness and denied competitiveness with the mother; she 'bought off' worse punishment; and she expressed erotic attachment to the father.

Psychoanalytic Psychotherapy Conducted by Correspondence. Edwin F. Alston. Pp. 32-50.

A thirty-three-year-old married woman, hospitalized for advanced tuberculosis which was dangerously aggravated by her attitudes and behavior, was treated for some years by daily letters, each a response to her daily letter. Despite serious

difficulties and limitations in such a situation, analytic psychotherapy was conducted effectively. Genetic, dynamic, and economic factors came to light, unconscious fantasies and memories became conscious, and some dynamic, economic, and structural changes occurred. The transference neurosis was typical of conventional analyses.

Discussion on the Psi Hypothesis. Pp. 51-57.

In a discussion of the psi hypothesis, Charles Brenner pointed out certain factual errors in a paper on this subject by Jule Eisenbud. Brenner stated that statistical laws had been misapplied so as to make what might well be only coincidence prove 'very nearly whatever one wishes to believe'. He questioned the validity of the psi hypothesis.

In response, Eisenbud quoted various sources in denial of the imputed fallacies of fact and reasoning.

Similarly, David Brunswick raised certain questions concerning Emilio Servadio's paper on a telepathic-precognitive dream during analysis, these questions pointing toward possible nontelepathic explanations for the experiences described. In reply, Dr. Servadio commented on the data, which in his opinion established the validity of the telepathic but perhaps not of the precognitive aspects.

JOSEPH LANDER

Psychoanalytic Review. XLIII, 1956.

Imitation and Identification. A. Chapman Isham. Pp. 397-410.

Isham attempts to clarify the relation between the psychologic concept of imitation and the psychiatric concept of identification. Imitation, 'the social particular of the universal law of repetition', explains the spread of social beliefs and institutions and insures cultural uniformity. Imitation may be conditioned (not instinctual) or mimetic (possibly instinctual); other types also occur. Identification involves emotional ties but is not itself an emotional tie, nor is it a regressive phenomenon. Introjection may play a part in both processes. Imitation may be conscious copying, identification unconscious copying, the object copied being in some manner identical with the self. Isham believes the psychologist's tendency to slight the ego and the unconscious limits the value of his orientation. The analyst, on the other hand, 'muddles together' various phenomena into a fuzzy concept of identification. Each specialist is insufficiently aware of the other's contribution.

Satan's Symbolic Syndrome. Ann Lodge. Pp. 411-422.

Psychology and the extensive lore about Satan, both products of man's struggle to understand himself, have been primarily influenced by Greek, Hebraic, and Christian ethics and tradition. The author examines much of the Satanic lore, with special reference to Milton's *Paradise Lost*, and concludes that Satan represents 'a classical case of paranoia, displaying in highly abstracted and symbolic form all the essential characteristic signs'.

On Maternal Symbiotic Depression. Jack B. Lomas. Pp. 423-431.

The author analyzed four married women presenting common features: anaclitic depression; excessive maternal dependency and living with the mother after marriage; passive, depreciated fathers; husbands resembling the fathers. 'These patients projected onto their own children the overanxious and rejecting attitudes of their own mothers.' The mothers of these patients seemed strongly motivated to preserve the dependency of their daughters, to avoid separation and its traumata. While the daughters were, at one level or another, aware of the hostilities underlying the overprotection and other aspects of the pseudo-loving relationship, they were unable to break up the symbiosis without first finding a substitute bond (the analyst).

Relation Between Dream Teleology and Vigilance States. Harry C. Leavitt. Pp. 432-439.

A Biographical and Teleological Study of 'Irma's Injection' Dream. Harry C. Leavitt. Pp. 440-447.

Preservation of sleep is only one of many functions served by dreams. The biological theory (Hadfield) stresses that the repetition in dreams of daily problems and difficulties tends toward their solution. Leavitt modifies this theory, emphasizing rather that the dream makes the subject more vigilant after he awakens, so that he is better aware of the dangers represented in the dream and better able to cope with them. Fears that are unrealistic because no longer warranted are in this fashion 'deconditioned'. The frequent frightening dreams of young children thus insure survival in an environment containing many threats.

According to this principle of dream interpretation, the circumstances surrounding Freud's dream about Irma's injection suggest that Freud's ambivalence toward Fliess was increased by his dream. The dream increased Freud's intuitive awareness of the need for self-analysis. The waking ego was thus considerably benefited by his use of this dream.

Training in Cleanliness. D. Stanley Jones. Pp. 448-453.

Jones describes the pyramidal and extrapyramidal, orthosympathetic and parasympathetic innervations of the anal sphincter and bladder with reference to the problems of training. The pyramidal tracts are myelinated at about the age of one year, and the prematurely trained infant must then relearn to control by use of the pyramidal tract and cortex what he has already learned to control extrapyramidally. The breakdown of training during the second or third year may be due to this change in controls. 'There is a relation between premature training in cleanliness on "moral" grounds, and later neurosis.'

On 'Negative' Exhibitionism. Edmund Bergler. Pp. 454-457.

The flaunting of behavior or language that is normally disgusting or painful is only partially explained by its masochistic component. More important is

taking the blame for the lesser intrapsychic crime, in this instance voyeurism, a preoedipal conflict. The exhibitionism is a defensive maneuver, warding off impulses toward voyeurism.

The Pygmalion Reaction. Henry B. Richardson. Pp. 458-460.

Man's basic conflict is his need and desire for love, opposed by the fear of giving or receiving it. One adaptation to the conflict is to convert love into a less powerful, rarefied experience, as Pygmalion did when he avoided women and fell in love with a statue. Three brief case histories illustrate this defensive flight from intense emotional involvement.

Two Dreams. F. S. Friedenberg. Pp. 461-470.

'The main function of dream interpretation is to strengthen the ego against the demanding forces of the unconscious.' Some patients, however, misuse dreams as a means of prolonging the analysis. The author therefore suggests the use of only those parts of the dream that are relevant to current conflicts and transference. He discusses two dreams, the main purpose of which seemed to be to test the analyst's professional competence and devotion to the patient. The dreams aimed at changing an ambivalent transference into a positive one.

Hallucinoses. Edward Podolsky. Pp. 510-513.

Physiologic and purely psychogenic dynamics are discussed and differentiated. Hallucinations, being the product of individual experience, are influenced by various factors including intelligence and sophistication.

JOSEPH LANDER

Bulletin of the Philadelphia Association for Psychoanalysis. III, 1953.

Analysis of a Bug Obsession. Daniel Silverman. Pp. 52-56.

The patient, a young-looking man of twenty-nine with congenital absence of his right ear, complained of obsessions which had 'dominated' his life for thirteen years. He was concerned about whether he infected people with his germs, whether he cheated if he did not read every word of an assignment, and he had a fear of hurting bugs. The idea of the bugs' suffering filled him with guilt, but if he believed the bugs had been killed, he felt no guilt. He was particularly concerned with bugs that might have been on his body.

These ideas about bugs were shown by analysis to be his defense against a dual wish,—to be violated (feminine) and to violate (masculine); both wishes were attended by fear. He also gained satisfaction in these fantasies. In his masturbation the moment of excitement was achieved when he did not know if he were a male or a female. During incest fantasies he could almost hear a voice say, 'You'll get your penis cut off'. Anxiety disappeared if he felt a bug on his body.

A Clinical Note on Hostility. Morris Galinsky. Pp. 57-59.

A thirty-year-old man became able, after ten months of treatment, to voice hostile feelings and 'still carry on in a polite way' with the analyst. He had been in psychotherapy with another analyst for almost a year, terminated because the therapist left town. The patient had felt unliked and actually despised. This attitude was felt in almost every situation, with his boss, mother, brothers, and customers. He repressed his feelings, projected them, or fled from the scene. The ego could react only with anxiety and flight when confronted by hostile feelings, which existed as an autonomous component.

Treatment was directed to enabling the ego to tolerate the hostility. Only when this was achieved could the patient proceed to analyze the hostility against which he had hitherto merely defended himself.

An Instance of Acting Out in the Analytic Situation. Isadore Spark. Pp. 62-64.

A patient whose analysis was moving slowly performed many symptomatic acts in relation to his analysis. He forgot to pay his bills, made errors in the amounts, and absented himself from treatment 'on business'. He always sat in the analyst's seat after the hour to make out payments, once explaining that this made him feel he was the analyst's equal and not mentally inferior as he thought the physician believed. The patient felt cheated and taken advantage of. He felt that he was too little to fight back directly, and so could only get back by subterfuge what was his. A forced, hasty marriage made him feel deprived of his freedom and good times, and he compensated for this by infidelities.

He had been thoroughly frightened as a child when, because he had sampled some candy in a store, he was harshly threatened with jail and reformatories if it became known that he took anything that was not his. Some elements in his current situation were displaced onto his acting out as well as concealed by it. His surreptitious manifestations of aggression and guilt toward the analyst repeated his childhood history. The acting out was used to bind anxiety; when the acting out was analyzed, the anxiety became manifest.

Childhood Schizophrenia. Herbert Herskovitz. Pp. 70-73.

Childhood schizophrenia is a true clinical entity characterized by faulty reality testing, absent or improper development of object cathexis, and fixation at the early oral phase. These children lack affective contact with people and insist on being left alone. Even in infancy they are unresponsive, detached, and in a world of their own. They show little need for mothering or gratification from human sources. One usually finds mutism or severe disturbances of language. Frequently toys or music become overcatheted. The prognosis is poor for making the personality whole. Simultaneous treatment of mother and child is advisable if the child is very young. For the child over five, however, a new environment must be created. It is mutually and continuously damaging for a patient to reside with its parents and brothers and sisters.

The Life Self and the Death Self. Muriel Gardiner. Pp. 82-84.

In defense of the 'death instinct' as promulgated by Freud, a schizophrenic or 'borderline' schizophrenic girl, thirty years of age, is described. The patient had been in analysis for a year but had to stop. She wrote to the analyst a few months after termination of treatment and told of a picture she had seen in which a man lay asleep. Over him was a huge terrifying figure in a black cloak with a dagger in hand, ready to kill the man. The patient's fantasies were as follows: 'I imagined a life self and a death self engaged in a terrible struggle for power over each other. The life self in me lies asleep, weak, hardly aware of the danger. The death self is strong and armed with all the unhappiness of living, the discouragement, despair, hate, anger,—all are in danger.' She felt that her life self was nurtured by favorable circumstances, and the death self by unfavorable ones. Which way the scales tipped determined which prevailed,—the life self with its encouragement and optimism, or the death self with its gloom and destructive thoughts.

MYRON HERMAN

Bulletin of the Philadelphia Association for Psychoanalysis. IV, 1954-1955.

Unconscious Masturbation Fantasies. A Case Report. Albert J. Kaplan. Pp. 1-16.

A twenty-two-year-old woman masturbated intermittently. She frequently had dreams on the night of the masturbation. During the early phase of the analysis these dreams gave broad hints of the nature of the repressed fantasies. They were predominantly concerned with homosexuality and pregenital longings. A recurring fantasy was of being important, having a child, and being equal with other women. Masturbation served a defensive function. 'It is safer to masturbate than to experience the anxieties that go with a heterosexual object relationship.'

During the second six months of analysis two sexual fantasies were released from repression: sucking at the breast (penis), and anal penetration by a figure representing sister and mother. From the twelfth to the seventeenth month, sado-masochistic fantasies appeared: beating and hurting the sister-mother; castrating the male-father; being overrun by the sister-mother; and showing herself as better than the sister-mother. The last phase of treatment brought out her bisexuality, fantasies of intercourse with herself, the wish for the father's penis and for impregnation by him, and the fantasy of having a penis and an orgasm like a man.

Make Good the Damage Done—One Motive of an Exhibitionist. Muriel Gardiner. Pp. 17-18.

A man of twenty-three came into analysis for exhibitionism. When he exhibited himself, usually to little girls, he had no erection and experienced no sexual satisfaction. He sometimes felt that he was trying to arouse feelings of awe in girls. At other times, he was trying 'to convince somebody of something', he did not quite know what. During analysis, it became clear that he suffered

less from fear of castration than from the conviction that castration had already befallen him. He believed that his circumcision in infancy had injured his penis, which he considered of inferior quality. However, when he exhibited it he felt that it was 'something powerful'. He could 'frighten people with it, awe them, perhaps harm them'. He wanted to prove his worth and power in spite of the inadequacy of his penis.

This patient's exhibitionism was an attempted act of restitution. The castrated man becomes potent by arousing awe and fear. The perversion is close to the expedient normal attitude and to psychosis. As in the normal man, it leads naturally to some achievement in the outside world (an active, although not useful one), and like the psychosis it tears the ego away from reality (the existence of the normal penis is denied, castration is accepted). This is 'succeeded by an active phase of reconstruction', and an attempt 'to make good the damage done, and re-establish the relation to reality'.

Denial of the Anus in Neurosis and Culture. George Devereux. Pp. 24-27.

American male patients who denied the existence of the bodily openings did so as a defense against desires of being penetrated. It was an attempt to deny their passive feminine receptivity. The author underscores the defensive denial in this mechanism by citing an example from an East Central African tribe, the Chagas. A boy about to be initiated into manhood is entrusted with a secret. The secret is that although adult men profess to women and uninitiated boys that they do not have anal openings and are unable to defecate, this is but a fiction. It is a conventionalized denial of their femininity.

A Dream of Fainting. Don E. Johnson. Pp. 32-34.

A woman of forty complained of agoraphobia of eight years duration. A few months before treatment she developed attacks, usually when she was expecting her husband home from work, in which she suddenly felt faint and had to sit or lie down quickly. Sometimes she would actually fall or slump to the floor. There was mental clouding or brief suspension of consciousness. She felt that she lived in a dream or a nightmare. Shortly after treatment began she had a dream of walking through a corridor looking for her husband. He came staggering out of a tavern. She could never quite catch up with him. She seemed to be short of breath and was fainting, but did not pass out completely. She then found herself on a landing at the top of steep steps. She fell down one step and while this was happening her husband disappeared.

The author concludes that the patient had unconscious destructive fantasies. The state of semiconsciousness was admirably suited for maintaining the visual image of the destruction of the loved and hated object, her husband. Precisely this type and quality of syncope was described as a waking symptom.

Notes on Prejudice. Robert Waelder. Pp. 71-81.

Prejudice is defined as an unprovoked or unjustified antagonism, or a pre-conceived opinion. Antagonism toward groups may be 'normal'. Its causes are

threefold: the primal anxiety evoked by strangers (as seen in infants); competition (one's chances of achieving one's ends are diminished when others seek the same ends); and cultural differences (especially differences in sexual mores). Tolerance is possible if the difference of opinion does not extend to fundamental values; for example, an agnostic can be tolerant of religious and irreligious attitudes alike, for they mean little to him. Tolerance is also possible when issues touch on fundamental values if the belief in them does not carry full conviction. We can also be tolerant if we feel no allegiance to anything or anybody.

Ideas that closely resemble paranoid systems play a great role in collective hatreds, although the individuals who share such collective opinions are not necessarily suffering from paranoia. Anti-Semitism is an example. More simple forms of prejudice (in the sense of preconceived ideas) are due to lack of differentiation between the characteristics of an individual and the statistical average of the group to which he belongs. Judging the new in terms of the old is another intellectual factor in prejudice. Emotional factors such as intense love or hatred impair our powers of judgment. We believe only good of those we love and evil of those we hate. Paranoid ideas are the extreme example of prejudice that defy all attempts at correction.

A Boy's Effeminate Behavior as a Cover for Aggression. Phyllis Blanchard. Pp. 87-89.

A seven-year-old boy was brought to treatment because of his extreme interest in girlish activities, shown by his playing with girls and girls' toys. This behavior was found to be indicative not of deeply homosexual tendencies but of disguised hostility. He had repressed aggressive and hostile drives not only because of the usual guilt feelings but also in order to please his mother who demanded that her sons never show anger and that they be always loving.

MYRON HERMAN

Psychosomatic Medicine. XVIII, 1956.

Psychological Factors and Reticuloendothelial Disease, II. William A. Greene, Jr., Lawrence E. Young, and Scott N. Swisher. Pp. 284-303.

The authors studied thirty-two women with lymphocytic, myelocytic, or monocytic leukemia, Hodgkin's disease, reticulum-cell sarcoma, and lymphosarcoma. They included four types of personality: mothering, clinging, isolated, and manly. All seemed to have unresolved attachments to their mothers. One of the multiple conditions determining the development of lymphoma or leukemia may be separation from a key object or goal with an ensuing depression. These women had suffered various types of losses and separations in a four-year period prior to the apparent onset of the disease; half of these occurred during the one-year period before the apparent onset. Change of home and natural or surgical menopause are considered losses, as are the more obvious losses of significant persons by death or illness. The personalities of these pa-

tients, their unresolved attachments to the mother, or their reactions to separation, do not seem peculiar to patients with reticuloendothelial disease.

Relationship of Body Image to Site of Cancer. Seymour Fisher and Sidney E. Cleveland. Pp. 304-309.

Patients with neurodermatitis or rheumatoid arthritis conceive of their bodies as surrounded and protected by a sheath, whereas patients with interior symptoms, such as spastic colitis, picture their body surfaces as easily penetrated. These findings were demonstrated by two body-image indices on the Rorschach. The 'barrier' score is the total of responses that involve sheathing or protective value of the surface of a given percept, for example, a turtle with a shell. The second index, the 'penetration' score, is a count of all responses referring to the concept of penetration through a surface, for example, a bullet entering the flesh. Fifty-nine patients with exterior cancer and thirty patients with interior cancer were tested; those with exterior symptoms scored significantly higher on the barrier index than did patients with interior symptoms, and patients with interior symptoms scored higher on the penetration index. By means of a control group it was shown that the body-image indices do not merely result from the pain and other sensations associated with cancer.

Psychophysiological Studies in Thyroid Function. M. Dongier, E. D. Wittkower, L. Stephens-Newsham, and M. M. Hoffman. Pp. 310-323.

Many psychiatric studies of thyrotoxic patients have shown that long before the onset of clinical symptoms patients suffering from Graves' disease show emotional and psychosexual maladjustment. Preliminary observations in twenty-seven patients indicated a positive correlation between certain psychological variables and the occurrence of a short half-life of thyroidal I^{131} , even in the absence of clinical signs of hyperthyroidism. Psychological studies of forty-four other patients were used to predict the type of biological decay of I^{131} . The authors found that they could thus predict the rate of thyroid secretion with reasonable accuracy. No correlation was found between the activity of the thyroid gland and the degree of anxiety in these psychiatric patients. Thirty-eight 'stress interviews' were carried out, and no significant change in thyroid function due to stress was noted.

Psychological Stress and Endocrine Functions. Francis Board, Harold Persky, and David A. Hamburg. Pp. 324-333.

Thirty patients were studied within twenty-four hours of admission to the psychiatric section of a general hospital in an attempt to determine: 1, whether acutely disturbed patients have elevated blood levels of adrenocortical and thyroid hormones; 2, how long such elevated levels last; 3, what psychological processes are closely associated with high hormone levels; and 4, what changes in hormone level occur in association with decreasing emotional disturbance. Each patient was interviewed in the morning following admission for from twenty to

sixty minutes in order to assess the emotional state. A blood sample was taken just before and three hours after the interview in order to determine levels of 17-hydroxycorticosterone and serum protein-bound iodine. Hormone levels were higher in those patients with more severe emotional disturbance; those with psychotic depressive reactions showed the highest levels. Other studies were made to investigate the effects of electroshock therapy on hormone levels.

Studies of Ulcerative Colitis. IV. The Significance of Headaches. George L. Engel. Pp. 334-346.

Of twenty-three patients with ulcerative colitis, twenty suffered from headaches. Ten of the twenty had migraine and the remainder showed a mixture of muscle-tension and conversion-hysterical types of headache. Times of occurrence of headache differed from times of active colitis. Of fifty-six episodes of headache studied, forty-six occurred when the patients felt in control, had taken an active stand, made a decision, or thought something through. There was opportunity to study forty-three episodes of bleeding, and all occurred when the patient was feeling, to varying degrees, helpless, hopeless, or despairing. Patients were unequivocal in differentiating the headache and bleeding. Loss of object and psychic helplessness are associated with bleeding colitis, whereas retention of object and relatively good control by the ego are associated with headache and constipation.

MC CLAIN JOHNSTON

A Critical Examination of Some Recent Theoretical Models in Psychosomatic Medicine. Myer Mendelson, Solomon Hirsch, and Carl S. Webber. Pp. 363-373.

This essay examines the theoretical and empirical bases of four analogical models, past and current, in psychosomatic medicine: conversion (Ferenczi); personality profile (Dunbar); typical conflict situation (Alexander); protective adaptive response (Wolff). The first three have inspired a good deal of research and thought, but are in many ways incomplete. The fourth is essentially untried. The authors also discuss the concept of physiological regression and its correlates (Michaels, Margolin, Szasz, Hendrick, and Grinker). They conclude: 'It does not seem that a new term like physiological regression affords the investigator a new vantage point from which to observe data . . . nor does it seem that this term contributes anything concrete to the understanding of psychophysiological phenomena. Neither does it seem to provide any useful insight to the therapist.'

Psychoanalytic Psychotherapy in Raynaud's Disease. John A. P. Millet. Pp. 492-505.

Millet describes 'psychoanalytic psychotherapy' of a forty-year-old woman who suffered from Raynaud's syndrome and recovered. He believes that the symptom of cold hands with blanching cannot be classified as a conversion symptom, but rather occurs primarily as a 'conditioned reflex response to fear of

contact with death. This fear may be generated by exposure to the actual death of a loved person or the anticipation of it, or may be transformed through guilty feelings and be experienced as a fear of dying.'

DAVID H. POWELSON

American Journal of Orthopsychiatry. XXV, 1955.

Observations on the Significance of Animal Drawings. Arthur A. Schwartz and Israel H. Rosenberg. Pp. 729-746.

When the subject is asked to draw an animal in addition to the usual house, tree, and two persons, certain features of the animal serve particularly well for the projection of early impulses. Various bodily aspects of the animal, as distinct from the human figure, are informative, as are also the popularly attributed temperament and role of the animal chosen. Treatment of mouth and rump areas affords less inhibited expression of oral and anal concepts. The depiction of the tail and sometimes of a limb suggests phallic symbolization. Departure from the usual four-legged stance points to a conflict around autonomy and dependency. The authors demonstrate that other sources of information about the subject corroborate the symbolic value attached to the animal drawings.

Therapeutic Play Techniques—A Symposium, 1954.¹ Lawson G. Lowrey, Chairman. Pp. 747-787.

Play Interview Therapy of Castration Fears. Jacob H. Conn.

This paper describes how the play interview is applied to the problem of castration fears in children. The play is directed by degrees to the study of 'sex awareness'. The first discussion is of the coming of a new baby. A baby doll lying in a toy crib is put on the table and several dolls representing siblings or friends are placed nearby. The therapist, pointing to one of the dolls, asks the child what it wants to know about the baby. If no spontaneous curiosity about origin is voiced, the therapist asks, 'Which one of the dolls wants to know where babies come from?'. He points to various dolls in succession, inquiring, 'What does he say?', 'What does she say?'. Thus the child is induced to carry on a dialogue between the dolls and voices 'personal opinions' only if it chooses to do so. Treatment of a thirteen-year-old boy with severe castration anxiety defended against by feminine identification is described. The problem was apparently alleviated in eighteen play interviews with little or no interpretation.

Activity Setting and Social Interaction: A Field Study. Paul Gump and Bryan Sutton-Smith.

The kind of activity chosen for children to engage in affects the children's relation to one another and to the leader of the recreational or therapeutic

¹ These are the concluding parts of this Symposium; the first parts were abstracted in *This QUARTERLY*, XXV, 1956, pp. 620-621.

group. For example, when children are swimming the counselor often will be called upon to admire and recognize assertive actions and to settle or supervise conflicts; he will less often be called on to offer help. When the child is working at crafts, however, the counselor is asked less for admiration and supervision of conflicts and more for help.

Play Equipment for Diagnosis and Therapy. Helen R. Beiser.

How should a playroom be set up? The inexperienced examiner or therapist should use as simple and standardized a setting as possible for play, so that he may compare the behavior of various children in the same setting and in reaction to the same toys. The materials provided should stimulate production of fantasy and give insight into the child's modes of operation. A 'Nok-Out Bench' and doll family suffice for diagnostic studies, but such limited equipment fails to reveal the range of the child's activities and the strength of its defenses. For example, a bright older child may be aware that play with a doll family reveals problems it wishes to conceal. It may feel free to reveal such problems only through more disguised media such as soldiers, animals, or such inanimate objects as cars or airplanes. The 'Nok-Out Bench' may be too complicated or in its invitation to hostility too frightening for some children. Beiser therefore suggests that a fairly broad selection of toys and materials be provided for diagnostic and therapeutic play interviews but that the environment for play be simple and stable. She offers an example of a play interview.

Concepts of Play Therapy Techniques. Adolf G. Woltmann.

Woltmann surveys play therapy and various play techniques, showing what they have in common. He demonstrates by example the cathartic value of free play. All writers on play therapy agree that the child by its use of toys reveals projections of innermost thoughts, drives, and motivations.

Children are referred for treatment for many reasons. Therapy always starts from complaints that something has gone wrong in the child. According to his theoretical beliefs, the therapist may use child analysis or modifications of psychoanalytic technique such as 'release' or 'active' therapy. Freud, in *Beyond the Pleasure Principle*, suggested that play is repetition for the mastery of unpleasant experience, and this theory still permeates psychoanalytic thinking. Psychoanalysis in stressing regressive phenomena has neglected their important counterpart—the progressive element. Play activities are both progressive, showing the desire to go forward, to discover, and to take in the world, and regressive, as typified by Freud's 'repetition compulsion', the compulsion to regress to and re-play traumatic events. The child's primary job is to grow; its main tool, play, is therefore in the service of progressive trends.

Woltmann summarizes the contributions of Melanie Klein, Anna Freud, Margaret Lowenfeld, and Erik Erikson. He observes that the greatest barrier to the establishment of universally valid conclusions and inferences drawn from the child's handling of play materials is the lack of correlation between methods of collecting data and those used for evaluation. We try to validate by using the

very tools and methods that have prevented basic understanding of the intricacies of human behavior and motivation. We now know how to elicit material but as yet we have not found a sound scientific use for this material.

Discussion. Laretta Bender.

According to Bender, there is no conclusive evidence that a child's participation in a session of play is a therapeutic experience. Studies of adolescents and young adults treated by play in childhood show that they were not much influenced by it. The kind of technique is unimportant to the child and important only to the adult observer. To the extent that the technique can reveal the child's inner life by projection, it represents the content of the child's fantasies and emotional problems. To the extent that it can be used to demonstrate the child's capacity to organize material in the play, the child reveals its maturational trends and achievements, its tendencies to inhibition, regression, and withdrawal. The technique may indicate also the capacity for object relations. Repeated observations show the child's capacity for maturation or 'improvement'. There may be, of course, therapeutic factors in the child's relation with the adult in play. If the play technique used is important to the adult and helps him understand the child and be friendly to it, the play will undoubtedly contribute to the relationship. In child psychiatry play has had a role similar to that of hypnosis in adult psychiatry, psychoanalysis, and psychotherapy. Hypnosis has in the past been important in understanding the unconscious and fantasy life, especially in their relation to psychopathology. It is a valuable and dramatic means of demonstrating to students the reality of the unconscious. But no therapist has ever been dependent on hypnosis as a technique for very long, and all therapists agree that most patients are treated more effectively without hypnosis provided the therapist knows what the patient's problem is and has some technical procedure for dealing with it. In a similar way, play has been important for understanding projective phenomena in the maturing child, for learning its capacities to reveal its inner life and its problems, and for demonstrating its capacity to mature by the way it organizes or fails to organize the material given it. It is important as a demonstration to students, and for those uncomfortable with children some such technique is remarkably useful.

Psychological Implications of Breathing Difficulties in Poliomyelitis. Morton A. Seidenfeld. Pp. 788-801.

Seidenfeld summarizes what is known about the medical, physiological, biochemical, and psychological factors in breathing difficulties in poliomyelitis. He particularly considers two problems: the relations between the patient's premorbid emotional state and the intensity of his reaction to his failure to breathe, and the stress connected with the weaning of patients from the respirator.

Maternal Influences in the Development of Moral Masochism. Norbert Bromberg. Pp. 802-812.

The child, unconsciously identified by its mother with one of her own par-

ents in an ambivalent and preponderantly hostile way, is especially likely to develop moral masochism. Such a child is reared by the mother with both excessive stimulation and prohibition of aggressive and libidinal drives. Because excessive control is demanded at an immature stage of ego development, the child comes to believe that the most acceptable behavior is behavior that results in suffering and failure. Such children remain infantile, have great difficulty in overcoming their incestuous attachment, and are constantly in search of a loving mother. They continually tease and provoke the environment and seek criticism and punishment as pleasure. Because conscience and ego ideal fail to fuse or are disparate, guilt feelings are deficient, the need for punishment excessive. The endless struggle caused by the need to provoke punishment with its consequent pleasure and fear is an effort to re-establish the equilibrium of preöedipal childhood. It is essential that parents recognize and control their hostility and love for their children if they are to avoid this development. In his discussion of the paper, Dr. Maurice Friend emphasized that for these children ego ideal is stronger than superego, conscious behavior is, as it were, unperceived and not subject to reality testing. The children are exploited for the mother's narcissism almost as inanimate objects or shadowy beings. Such mothers may demonstrate good company manners and be their hostile selves only with their children. The shadowy relationship with the children may be the mother's acting out of her partially repressed impulses against her own parents. In treatment of children we must keep in mind the mother as both child and adult.

Some Problems of Treatment Arising From the Federal Loyalty and Security Program Workshop, 1955. Charlotte A. Kaufman and Herbert Kaufman. Pp. 813-825.

The authors studied thirty cases affected by governmental security regulations, which directly or indirectly caused prolongation, interruption, or termination of treatment. In some cases, guilt and anxiety were created or intensified; patients demonstrated withdrawal, hostility, projection, and similar evidence of increased emotional ill health; and panic and paranoid trends occurred in some patients to the verge of psychosis. Persons with shaky but adequate adaptation to life broke down with considerable resultant damage. The security program embodies a special kind of threat, more difficult to face than other problems, perhaps because the security procedures are impersonal and overwhelming and to a striking degree destructive of a man's career. The community is more hostile to victims of security procedures than to persons found guilty of other forms of socially disapproved behavior. The program tends to increase the intolerance of society toward its deviant or nonconforming members, especially homosexuals. The therapist of these patients must carefully watch his own attitudes toward conformity and toward the kinds of behavior that he considers personally or socially desirable. The effect of the security program may soon be so serious as to constitute a national threat to emotional stability.

The Treatment of Emotionally Disturbed Children in a Therapeutic Nursery. Augusta Alpert. Pp. 826-834.

Alpert, by clinical illustrations, shows that the relation of teacher and child

is the core of therapeutic education. Emotionally disturbed children are encouraged to be dependent upon the teacher. Through their identification with her and through such techniques as guided regression, persistent stimulation, and regulation of new experiences, they are led to higher and healthier levels of functioning. Therapy and education are rather similar in the nursery. In a discussion of the paper, Millie Almy suggests that the technique of the therapeutic nursery be tested in ordinary nursery schools with children presenting less serious symptoms.

Guides to the Therapy of the Alcoholic. Richard S. Cook. Pp. 835-840.

Alcoholics cannot tolerate a delay in beginning treatment. Therefore the complete psychiatric history, physical examination, and psychological tests should be deferred. The ego strength of the patient must be carefully evaluated. The alcoholic uses a variety of defenses against anxiety: denial, evasion, projection, withholding of data, and flight from therapy. Crises are frequent, particularly bouts of drinking; the therapist must expect these and not become discouraged. Drinking after abstinence may mean that the patient's capacity to master some external or internal pressure is under such strain that he seeks the readiest means of escape. Other irrational influences affect therapy: the wife or mother of the patient objects for neurotic reasons to the patient's continuing; an employer becomes impatient to see results and upsets the therapy by discharging the patient or by insisting on having some contact with the therapist; excessive drinking involves the patient in trouble with the police and the therapist must intervene. In spite of the obstacles many cases can be helped, and work with the alcoholic patient has its rewards. The therapist of alcoholics should be free of moral opinions about drinking. He must have patience and the capacity to continue in spite of persistently bad results, and be willing to work with cases of poor prognosis. He must be emotionally prepared to set limited goals and to be satisfied in many cases with symptomatic relief rather than dramatic change of character. It is of paramount importance that the therapist be free of unconscious attitudes that may encourage his patient to regress.

DAVID L. RUBINFINE

American Journal of Psychiatry. CXI, 1955.

The Mammal and His Environment. D. O. Hebb. Pp. 826-831.

Laboratory and sociological evidence indicates that the higher mammal may be psychologically at the mercy of his environment to a much greater degree than we have been accustomed to think. The greater the development of intelligence, the greater the vulnerability to emotional breakdown. The price of high intelligence is susceptibility to imagined dangers and unreasoning suspicion, and other emotional weaknesses. This conclusion is not only supported by work with animals but also agrees with the course of development in children, growing intelligence being accompanied by increased frequency and intensity of emotional problems up to the age of five years. Then, apparently, the trend is reversed.

Adult man, more intelligent than the chimpanzee or five-year-old child, seems less subject to emotional disturbances. Does this, then, disprove the above conclusion? Closer examination makes it evident that the concealing agency is man's culture which acts as a protective cocoon. There are many indications that our emotional stability depends more on our successful avoidance of emotional provocation than on our essential characteristics. Civilization is the progressive elimination of sources of acute fear, disgust, and anger; and civilized man may be not less but more susceptible to such disturbance because of his success in protecting himself from disturbing situations so much of the time.

The Demonology of Modern Psychiatry. Norman Reider. Pp. 851-856.

After reviewing the major characteristics of primitive magic the author states his thesis: a relic of primitive man's magic is to be found today in our projections and personifications of nosological and theoretical concepts, as if they were either substantial, material, or demonic spirits. Out of our new psychodynamics have arisen a whole new host of symptoms against which we proceed in our therapeutic zeal as if they were enemies. This new host of symptoms is fought in many a psychotherapy by the magical device of mentioning the name: anxiety, hostility, dependency, impulsiveness, ambivalence, acting out. We employ a magical device when, using the names of these demons, we expect that if a patient is told he is hostile or anxious, he will forthwith give up the demon. The author makes a plea for a more leisurely, studious, and scientific pursuit of conditional relationships between forces.

Structural concepts lend themselves to magical manipulation in the same ways. Perhaps the best example is the use of the descriptive concept 'severe superego'. Here, almost personified, one can see the enemy. Often a therapist tries by seduction, persuasion, shaming, ridicule, or threatening to force the disappearance of this enemy. Still another example comes from the earlier days of psychoanalysis. 'The unconscious' was most frequently seen as the demon. This led to the concentrated drive toward making the unconscious conscious. Mental mechanisms are likely to suffer similar treatment. Also high on the psychotherapist's list is that operational handmaiden of the defense, resistance. Reider does not deny here the value of the concept in its total and appropriate gestalt; he decries its misuse when it is pulled out from the context of the entire proper formulation and used as a particular target for the hour.

Reider also describes the rites of this magic. The technical details of the treatment situation can be used magically. One can set up actual taboos of relationship between analyst and patient. The talking, the dream work, the catharsis, the abreaction, the interpretation, all illustrate how mechanics can be used magically when taken out of a meaningful context. Under prescribed conditions of scientific inquiry, these details of technique are less likely to be used as magical devices. But magic is our heritage. We cannot divest ourselves of it completely for even if we deny it in ourselves our patients still see us as performers of magic in our acts, gestures, and words.

Studies of the Processes of Aging. X: The Strength and Weakness of Psychic Functioning in the Aged. E. W. Busse; R. H. Barnes; Albert J. Silverman; Margaret Thaler; L. L. Frost. Pp. 896-901.

The essential question in the recurrent periods of depression in the aged is not the turning inward of unconscious hostile impulses; it is rather the loss of self-esteem caused by recognition of weakness and by inability to obtain necessary narcissistic supplies and to defend against threats to security. Eighty-five percent of the subjects of this study could trace the onset of depression to some specific stimulus: increased physical suffering, lowered financial, professional, or social status, or any increase in stress. The depressions do not appear to be attempts to force an object to give necessary love nor do they appear to be aimed at placating the superego. Those persons who have no planned activity and those who devote time to passive or receiving activities are much more prone to depressive episodes than those who through their own efforts can receive satisfaction. The ability to participate in creative activity is very much influenced by the extent of the education of the subject. Hypochondriasis is invariably linked with depressive episodes and feelings of neglect and persecution are also found. Nearly all old persons with hypochondriasis are found to have a poor relationship with their children. The authors suggest that this may be a result and not a cause. Yet it is striking that eighty percent of this excessively hypochondriacal group were parents who had been rated as poor mothers and fathers. Evidence from psychological testing indicates that many elderly persons possess little capacity to express warmth and spontaneous feeling toward others. In a sense they are miserly with their affections and seem to be fearful that should they invest an object with positive feelings it is unlikely that such feelings will be returned.

The authors conclude that elderly persons deserve the attention of our society, but they could profit if time were devoted to preparing people for old age and to research on preventive techniques.

The Pathology of Senility. David C. Wilson. Pp. 902-906.

Psychiatrists have learned a great deal about treating the aged patient. Many victims of 'senile decay' may respond to psychiatric and sociological therapy. However, hospitalizing such patients is risky; the separation produced by hospitalization may be a threat to survival. The presence of a neurosis or psychosis may act as a defense against the dementing forces that surround the patient. The ability to act as a schizophrenic or as a depressed patient indicates that some potentials for further living must survive. We should consider carefully the wisdom of removing a depressive reaction in an aged patient by electroshock. In so doing we may be breaking down the last defense against a senile psychosis. Loss of motivation and loss of reason for living are part of the pathology of senility. The feelings of not belonging and of being excluded are strikingly parallel to the progression and intensity of the associated organic changes. Much can be done by psychological and sociological means to aid the senile, although little can be done about the organic process.

DAVID L. RUBINFINE

International Journal of Group Psychotherapy. VI, 1956.

Group Psychotherapy With Alcoholics in Private Practice. Oluf Martensen-Larsen. Pp. 28-37.

Most alcoholics are persons whose development of independence has been blocked by parents or siblings by sexual rivalry or competition for power. In treatment of more than fifteen hundred persons from all economic levels by psychotherapy, often in connection with antabuse, antihistamines, and fructose, the author found that: 'In the psychological treatment of alcoholism group psychotherapy . . . is able to reduce the risk of the negative transference toward the therapist. Mutual identification in the group makes insight possible for the patients and offers possibilities for direct interpretations. Group psychotherapy frees the therapist from an authoritarian role, because this is given over to the patients themselves who thus can mature more rapidly than in individual treatment only. Group psychotherapy is also applicable to relatives of alcoholics.'

Group Psychotherapy in the Treatment of Some Neurodermatoses. Irving L. Milberg. Pp. 53-60.

Forty-four dermatological patients received palliative physical treatment and were seen individually to establish support and obtain information. Their symptoms improved. They were then placed in therapeutic groups, where the patterns of the sibling rivalries of childhood were revealed. All were exceptionally sensitive, intelligent, and perceptive but prone to react immaturely to situations. Despite positive results, the authors believe that this form of therapy requires longer trial before its value can be established.

Psychoanalytic Group Therapy With Fathers of Emotionally Disturbed Pre-school Children. Irwin M. Marcus. Pp. 61-76.

Six fathers of emotionally disturbed children were studied in a therapeutic group. Their rage, guilt, and anxiety were lessened and insight gained, so that their children were relieved from the pressure of family disturbances. Such treatment is particularly suitable for fathers who: 1, are so preoccupied with their work that their relations to their families are mechanical; 2, center their interest upon their child's problem and avoid recognition of their marital difficulty; 3, are confused in their family role; 4, have marked feelings of inadequacy; 5, have intellectual limitations or emotional attitudes that would block individual therapy; 6, have anxiety stemming from sexual conflicts.

Benefits From Including One Psychopath in a Group of Mildly Delinquent Patients. William R. Perl. Pp. 77-79.

A therapeutic group, consisting of seven mildly delinquent young prisoners and one psychopath, was organized at Fort Leavenworth. The psychopath boasted, dominated, and shocked the others. They reacted by rapidly developing

group feeling and a group superego and showing anxiety at contemplating becoming like the psychopath. When the psychopath left the group, they began to work seriously on their own problems.

The Use of Art in Group Psychotherapy. Lucile Rankin Potts. Pp. 115-135.

Art therapy consists of making conscious repressed disturbing feelings and re-evaluating the expression of such feelings in the light of newly gained insight. Mixed groups of eight men and women illustrate how this process is enhanced in a group. The presence of others gives reassurance because observation is not focused on one patient alone, because other attitudes than one's own can be demonstrated, and because it is found that others have similar difficulties. In many instances latent homosexuality was replaced by heterosexuality; inertia and depression lessened; and integration of personality occurred.

Limitations of Activity Group Therapy: A Case Presentation. Leslie Rosenthal and Leo Nagelberg. Pp. 166-179.

The case history of a passive schizoid boy, born prematurely, shows how three years of group therapy helped him to compete and play with his peers, to relinquish anal activity for more constructive masculine pursuits, and to improve his relation with authority figures. However, it did not affect his need to provoke repeated rejections or cope with his regressive drives for total care. He was referred for individual treatment.

Ego Emancipation of Adolescents Through Group Psychotherapy. Edrita Fried. Pp. 358-373.

Many adolescents are disturbed because they must satisfy, or adapt themselves to, neurotic goals of their parents. Fourteen case histories demonstrate how therapy in groups helps such young people to achieve freedom and healthier integration through mutual identification and interpretations.

Group Psychotherapy With Peptic Ulcer. John N. Fortin and D. W. Abse. Pp. 383-391.

Nine men between nineteen and thirty-one years of age with diagnoses of peptic or duodenal ulcer confirmed by X-ray were organized in a therapeutic group. The anxiety and dependency at first displayed turned to group cohesion and hostility directed sometimes to group members but mostly to the therapist. Generally speaking, all participants showed a decrease in autoeroticism, better heterosexual adjustment, less acting out, and more ability to postpone gratification according to the requirements of reality. Recurrence of symptoms requiring dietary treatment was less in these men than average expectancy.

The 'Deserter' in Group Psychotherapy. Rachel B. Bross. Pp. 392-404.

Four case histories of patients who interrupted their group therapy reveal

that they did so because of their fear of rejection by the other members, their wishes for dependency which made them test the tolerance of fellow members, their feelings of weakness when confronted by the group, and their overwhelming insight into their own drives. These anxieties can be used therapeutically, often in a few individual sessions with the parent surrogate, the therapist, or they can be vented in group discussion. Often a few absences from meetings help the anxious individual to gain insight and confidence.

GERALDINE PEDERSON-KRAG

Journal of the Hillside Hospital. VI, 1957.

Kos Against Knidos: Ambivalence as the Psychiatric Outlook on Man. Joost A. M. Meerloo. Pp. 67-86.

The ancient Greek physicians conceptualized man and his diseases in two ways. At the Hippocratic school of Kos the diseased individual was investigated by study of his biography, while at the school of Knidos, disease (the intruder from the outside) was investigated by consideration of pathology. Meerloo asks that we avoid this dichotomy and use rather a plural approach to the understanding, especially the psychological understanding, of man. He surveys the concept of ambivalence, 'the hierarchy of contrasting functions acting on various levels of awareness'; it has analogues in the energetic concepts of physics, in biological systems of adaptation, and in psychological and psychoanalytic formulations regarding the psychosexual crises and their contributions to ambivalence and social phenomena. A function of the maturing ego is the ability to integrate the polarities of human existence,—life and death, male and female, pleasure and unpleasure, good and evil, love and hate, and man's inner and outer worlds.

The Criteria of Dual Competence in Psychiatric-Anthropological Studies. George Devereux. Pp. 87-90.

The student can combine and use several disciplines when he has achieved professional, as opposed to avocational, competence in each discipline. He must be fully aware of the data and implications of each point of view. He should avoid two pitfalls: indiscriminate use of the techniques of other sciences, such as statistics; and a fuzzy 'humanism'.

The Symbolic River-Sister Equation in Poetry and Folklore. William G. Niederland. Pp. 91-99.

Many examples in literature illustrate the unconscious equation of river and sister, a derivative of the unconscious mother image. This symbolism is striking in Byron's *Childe Harold's Pilgrimage* where it illustrates Byron's incestuous love for his sister.

JOSEPH AFTERMAN

Journal of Mental Science. CIII, 1957.

The Psychological Development of Vincent Van Gogh. A. J. Westerman Holstijn. Pp. 1-17.

This brief biographical study of Van Gogh pays particular attention to the dynamics of his psychological illness and its relation to his art. The major causes of the illness were his 'father complex', a tendency to schizophrenia in his family, and a mixture of introversive and extraversive tendencies. The artist's decompensation was precipitated by disappointments in his relations with women beginning at about age twenty-one. Later, exacerbations of his illness occurred when his heterosexual and homosexual libidinal impulses were frustrated. The devotion and sympathy of his brother Theo was therapeutic. Theo was Van Gogh's substitute father. Holstijn compares the behavior of Theo toward Vincent with the psychotherapeutic methods of Rosen, Sechehaye, and Schwing.

FRANK T. LOSSY

British Journal of Medical Psychology. XXX, 1957.

The State of the Ego in Chronic Schizophrenia. T. Freeman, A. McGhie, and J. L. Cameron. Pp. 9-18.

These authors have collated the major psychoanalytic writings on disturbed ego function as the basic pathology in chronic schizophrenia, and have attempted to derive from these formulations a rationale of treatment. The main element in this therapeutic method seems to be the fostering of an anaclitic relationship with the patient in the hope that this will lead to an increasingly stable identification with the therapist and with his healthy ego function.

Patterns of Anxiety: The Phobias. James J. Dixon, Cecily de Monchaux, and Joseph Sandler. Pp. 34-40.

This paper is the sixth in a series of 'Studies in Psychopathology Using a Self-Assessment Inventory'. It is of particular interest psychoanalytically as another of the many experimental studies that use nonanalytic disciplines to validate psychoanalytic concepts. In this instance, a factor-analysis of twenty-six possible phobic responses on a psychological inventory demonstrates that two major groups of phobias may be distinguished: the phobias theoretically linked with separation anxiety, and those that are manifestations of castration anxiety.

FRANK T. LOSSY

Revue Française de Psychanalyse. XXI, 1957.

States of Dependency in Psychoanalytic Treatment. Georges R. Reding. Pp. 93-117.

Dependency states do not constitute a nosological entity, but are nonspecific and cannot be fitted into any psychiatric diagnosis. Nonetheless, they should be

studied as manifestations of relations to an archaic object. These states may be caused to appear by the stress of systematic analysis of transference. This dependency may be compared to a perversion that lies halfway between neurosis and psychosis.

Nonverbal Factors in Analytic Therapy. P. Luquet. Pp. 182-209.

Although analytic therapy is based on verbal communication, much that is nonverbal occurs in the course of treatment. Luquet believes that these communications between analysts and patients are similar to the communications between infant and mother, and that the analyst becomes the 'good' object, durable possession of whom is the beginning of the patient's growth and of his ability to shore up his ego. This regressive bond to the analyst must be preserved through the treatment because it furnishes the help needed for meeting constantly changing and anxiety-provoking situations.

Psychoanalysis and Sociology. S. Nacht, R. Diatkine, and P. C. Racamier. Pp. 224-283.

The debate between sociologists and analysts can be reduced to the question, are social phenomena controlled by the individual or are individuals determined by social phenomena. This problem is as impossible to solve as that of chicken and egg, simply because the problem is improperly formulated. Psychoanalysis and sociology are learning their respective limits. Progress in both these sciences can be achieved only at the price of an understanding that respects their specificity.

Homage to Freud. F. Lechat. Pp. 325-330.

By way of paying homage to Freud, Dr. Lechat draws a parallel between Freud and Epicurus, separated by twenty-two centuries and yet in many ways strikingly related to one another. Freud considered the pleasure principle an essential factor of psychic balance, with the reality principle acting as counterweight. Freudian morality results from the interplay of these two principles. Epicurus's philosophy is condensed in his formula: avoid pain and seek happiness, which consists of not suffering mental or physical pain. This can be achieved by observance of four moderating precepts: 1, take only those pleasures that will not be followed by pain; 2, avoid efforts that will not be crowned by pleasure; 3, avoid any pleasure that might deprive you of a greater pleasure; 4, accept pain that may free you from greater pain or that will be followed by great pleasure. These rules may be regarded as the conditioning that a well-constituted superego would develop: if the superego exacts or forbids too much, a neurosis exists; if the superego demands too little, we have a perversion.

Dr. Lechat believes that both Freud and Epicurus met with the same incomprehension by the multitudes; they might say to one another: 'We have both entered into History, and there we shall remain as brothers because we have contemplated the same truths and dared to proclaim them.'

Some Problems in a Case of Active Masculine Homosexuality. S. A. Shentoub. Pp. 485-524.

The author discusses indications for treatment of patients with manifest homosexuality who are socially integrated, have no psychotic symptoms, and ask for help. Psychoanalysis is the method of choice. The initial contact is decisive. Success or failure of treatment lies more in the analyst's feelings about the perversion of the patient than in the objective nature of the perversion; any revulsion felt by the analyst should be considered a counterindication.

There is danger of a psychotic episode during the process of rebuilding the patient's lost identity. The transference patterns of these patients make it difficult for them to 'situate' themselves in relation to others because of their tendency to project. They do not act *like* the object with whom they want to identify, they *become* this other person.

Principles and Accomplishments in Mental Hygiene and Prophylaxis. H. Duchene. Pp. 553-592.

Dr. Duchene studied in England Bierer's 'Multiple Approach' as practiced in the Institute of Social Psychotherapy; he also observed work at the Tavistock Clinic and the Cassel Hospital. He discusses the value of group therapy for the orientation of social workers, teachers, and parents. He points out the importance of the law of May 20, 1955, when it became mandatory in France that Mental Hygiene Centers be established.

Psychoanalysis and Mythology. Sexual Neurosis of the Danaïdes. D. Kouretas. Pp. 597-602.

Æschylus in his drama about the Danaïdes tells the story of the flight of the fifty daughters of Danaüs, confronted with the danger of having to marry the fifty sons of Ægyptus. The author points out how carefully the Greek poet has described the 'complex of Diana', of the woman who chooses the bow and arrow as her symbols and hunting as her unwomanly occupation. These daughters also have an œdipal attachment to their father, from whom they do not want to be separated. The form of the eternal punishment to which the gods condemned them,—to fill with water a barrel pierced with many holes,—symbolizes their inability to perform a masculine task.

Obsessions in Childhood. S. Lebovici and R. Diatkine. Pp. 647-670.

The authors divide their study into three chapters entitled 1, obsessive manifestations in childhood; 2, structures that appear in the child's development into which obsessive manifestations may be integrated; 3, anamnestic study of cases in which the psychiatrist and the analyst find obsessive manifestations during the patient's childhood. In conclusion, the authors underscore the need for a careful survey of those obsessive rituals that are normal at certain stages of development and that clear up spontaneously. Coöperation with psychologists is

important, for projective tests are very valuable in the diagnosis of obsessive disorders in childhood.

The basic structure of the ego at the beginning of the latency period and in adolescence has an obsessional coloring; but it is rigidity of the ego and its inability to develop and progress that favors the existence of an obsessive neurosis.

RUTH EMMA ROMAN

Revista de Psicoanálisis. Vol. XIII, 1956, No. 4.

This number consists of brief presentations of approximately thirty-eight articles read at the First Latin-American Congress of Psychoanalysis. The quality of the papers is very uneven: some should be longer, some might have been omitted entirely.

In a section on dreams, Angel Garma (Buenos Aires) with his usual lucidity and depth discusses traumatic dreams. Apparent gratification of a wish is the best disguise (in the manifest content) against recognition of a death wish and it satisfies the desire of the ego to avoid dying. Garma also suggests that 'dreams are hallucinations created by a psychic trauma in an ego temporarily impoverished by being asleep. Secondary processes disguise them before they are perceived consciously. . . . Dreams are hallucinations of a disguised traumatic situation.'

G. Koolhaas (Montevideo) describes typical dreams of elevators and their relation to specific phobias and sexual difficulties. He also correlates inability to achieve erection with fear of storms; failure of orgasm with fear of earthquakes; and premature ejaculation with fear of drowning. These three types he correlates with three stages of birth trauma: the induction (erected body); the expulsion (violent motion); and the moment of birth (asphyxia and respiratory trauma).

E. Blaise (Madrid) demonstrates that capacity for sublimation 'requires proper previous "use" of the aggressive tendencies'. If this process is blocked or hampered it leads to 'an uncontrolled and sudden release of hostility in a destructive way'. S. Wencelblat and H. Pastrana (Buenos Aires) try to show that circumcision provokes 'a restriction and diminution of the initial relationships with a love object'. There is also 'a regressive intensification of the person's archaic internal object imagoes'. C. A. D'Andurain (Chile) describes two analyzed cases of male homosexuality; 'one was cured by fear', the other 'cured legitimately' in Bergler's sense. From Brazil, A. Koch (Sao Paulo) writes, 'omnipotence develops in two main ways',—it may be of 'constructive' or of 'destructive' type, depending on 'the earliest types of imagoes', and it may be 'masculine' or 'feminine'. On this latter distinction depends the ability of certain patients to produce 'true sublimations' in their professional life or at times in their affective relationships. C. Martins (Porto Alegre, Brazil) writes of the oedipus complex in group therapy. 'The fundamental value of the group session described depends on the consecutive associative material presented by the participants. The content of the material reveals deep castration fears with strong

persecutory anxieties which finally lead to the formulation of the oedipus conflict.' In other words, when we deal with deep-seated universal human conflicts 'the group therapy session is a kaleidoscopic, well-integrated vignette of the various aspects of the conflict'.

In a case of 'negative reaction to therapy' described by F. R. Cesio (Buenos Aires), pregnancy as an acting out was eventually followed by eclampsia and the patient's death. This is explained in terms of 'her identification with dead love objects . . . the destroyed and mummified objects symbolizing also her future children. She gave me the impression of "having a destiny". In her case, to probe deeply into the unconscious made her dangerously close to her death wish' and to the identification with the dead imagoes. The patient in her seventh month of pregnancy, when no sign of eclampsia was yet present, had arranged her affairs and stated quite clearly what should be done in case of her death. 'Her ego seemed to be surrounded by her unconscious dead imagoes and fantasies and by an intensified death wish. . . . The importance of the death instinct in the fate of this patient and the splitting between death and life instinct were very marked.'

It is regrettable that quantity was preferred to quality in the selection of these articles for publication.

GABRIEL DE LA VEGA

NOTES

THE TWENTY-FIRST CONGRESS OF THE INTERNATIONAL PSYCHOANALYTIC ASSOCIATION will be held under the auspices of the Danish Psychoanalytic Society in Copenhagen in late July or early August 1959. Members of the International Psychoanalytic Association who would like to offer papers for presentation at the congress are requested to communicate with the Secretary of the program committee as soon as possible. The chairman of the program committee is Dr. W. Hoffer. All correspondence should be addressed to Dr. Paula Heimann, 32 Eamont Court, Eamont Street, London, N.W. 8, England.

MEETING OF THE NEW YORK PSYCHOANALYTIC SOCIETY

January 15, 1957. THE NATURE AND DEVELOPMENT OF THE CONCEPT OF REPRESSION IN FREUD'S WRITINGS. Charles Brenner, M.D.

The development of Freud's concept of repression is traced from his introduction of the term to his last formulation as influenced by new clinical observations and changing theoretical formulations of mental functioning. There are four principal stages in this development at which Freud made significant changes or additions to this concept, corresponding to the years 1894-1896, 1900-1906, 1911-1915, and 1923-1936.

From 1894 to 1896, Freud defined repression as the suppression of a memory. He first thought this was volitional, but he soon recognized that it took place unconsciously. Memories repressed in adult life were invariably painful ones. Such repression was possible only in those individuals who had had sexual experiences in childhood which though pleasurable at the time were later considered intolerably bad or shameful. Repression was a pathological mental process characteristic of the 'defense neuropsychosis'. Obsessions were compromises and represented a return of the repressed.

During the period 1900-1906, Freud's investigation of the function of dreams, and of the significance of jokes and symptomatic acts made him conclude that repression was a part of normal psychic functioning. Without repression of certain infantile components adult sexuality could not be achieved. He came to the conclusion at this time that what was repressed was often the memory of fantasies and not of experiences: repression, that is, was chiefly a defense against prohibited libidinal drives rather than against the memory of similar sexual experiences. On the basis of theoretical concepts formulated in chapter seven of *The Interpretation of Dreams*, he initially discussed repression, in terms of infantile experiences, which occurs before the development of the system preconscious. This leaves a store of infantile memories that would never be accessible to the system preconscious and constituted the infantile core of what he later called 'the repressed' (primal repression) which could only be inferred from their effects (dreams, symptoms). This store of inaccessible memories was a precondition of all later instances of repression in accordance with the pleasure principle which required that the system preconscious withdraw cathexis from

any later preconscious derivatives of such infantile memories. Freud later referred to this as repression proper. He attributed repression of infantile sexual wishes and memories to certain maturational sequences in the development of psychic functioning (secondary process and system Pcs), rather than attributing it to intrapsychic conflict which he had already recognized as the basis or at least as an inevitable part of repression. These repressions might remain stable (successful repression) or, if re-enforced organically (by constitutional or hereditary factors) and the increased cathexis was transmitted to the derivatives, the latter would press for discharge resulting in a defensive struggle with the eventual appearance in consciousness of compromise formations (symptoms, dreams, jokes, slips).

In the Schreber Case (1911), and in the papers, *Repression* (1915) and *The Unconscious* (1915), Freud further elaborated the difference between infantile repression, now called primal repression, and later repression, now called repression proper. Primal repression is intimately connected with and directly responsible for fixation. He speaks of the attraction which the repressed exerts on preconscious and conscious elements, and how repression proper is due partly to active decathexis by the Pcs, and partly to attractive power of the repressed. He continued to formulate repression as withdrawal or withholding of cathexis from a psychic element. His interest was in the mechanisms and consequences of repression which he thought differed in normals and neurotics. Among the consequences was the prevention of the development of affect, and of voluntary muscular activity associated with the drive discharge (activities controlled by the system Cs-Pcs). Repressed drive derivatives were not annihilated but their relation to the system Pcs was interfered with. They continued to exist in the Ucs and to become organized there. Freud differentiated repression in the neuroses from repression in the psychoses. In the former, the word representations are decathected, in the latter, both the verbal and nonverbal representations are decathected (repressed or not repressed in the ego). The mechanism of repression he conceived as involving a variable equilibrium between the repressed and the repressing forces. The psychic energy involved to keep the repressed 'at bay' he called counterathexis. If successful, it prevented emergence of the repressed in any but the most disguised derivatives. Freud's one example of this was the reaction-formation of kindness against repressed sadistic impulses prior to the outbreak of an obsessional neurosis. The reaction-formation was the counterathexis. If unsuccessful (return of repressed) the counterathexis prevented emergence in undisguised form. One example was the substitute formation in anxiety hysteria (the wolf of the Wolf-man) which functioned as the counterathexis. He suggested it was the energy of the withdrawn Pcs cathexis that was used for the establishment and maintenance of the counterathexis. At this time Freud no longer considered repression and defense as synonymous.

Between 1923 and 1936, Freud introduced the structural theory of the psychic apparatus that led to changes in the concept of repression. Up to this point he had believed that anxiety resulted from the repression of libido. In *The Problem of Anxiety*, anxiety became the motive for repression, rather than its consequence. He also reintroduced the term 'defense', with repression as one of several defenses used by the ego against dangerous drive derivatives. In *The New*

Introductory Lectures he described again the 'pathogenic nature of repression' on which the rationale of psychoanalytic therapy is based. He described the possible consequences of repression for the instinctual life as first, the continuous opposition of drive cathexis in the id and counter-cathexis of the ego; second, cathexis of the drive wholly diverted to other channels (normal resolution of oedipus complex); third, libidinal regression. In the second and third consequences he did not clearly distinguish between the concept of defense in general and repression in particular. His conception of primal repression was now that it did not differ from repression in later life in its cause and mechanism, but that the motive was different. In infancy, anxiety was due to economic factors; in later life it was the signal of an inner threat. In *Moses and Monotheism* Freud discussed three conditions for the return of the repressed: weakening of the ego, strengthening of the drive, and re-evocation through later stimuli. This third was new in Freud's statements on pathogenesis, though hinted at in *The Uncanny* (1919).

DISCUSSION. Dr. Leo Spiegel inquired about the relationship of repression and reaction as expenditure of energy in cathexis; also about the difference in the role of repression in the 'actual neurosis' as opposed to the psychoneuroses. Dr. Rudolph Loewenstein pointed out that Freud continued to believe that repression was based both on maturational features and the formation of the ego. He stated that the influence of current experience with reference to the 'return of the repressed' was not new in 1939 but was stated as early as 1911 (Schreber). He asked where in Freud's writings the concept of repression of demands of the superego is to be found. Dr. Otto Sperling noted that Freud developed his concept of repression slowly because of his avoidance of a teleological psychology. Dr. Weissman questioned why the theories of defense, other than repression, were not subject to changes concurrent with modification of the concepts of psychic structure. Dr. Rosen thought that what the author showed was a process analogous to the development of homonomous words in language; that as the framework of ideas becomes more complex it is no longer necessary to say that one is now using the same word in a different context, because this is already implicit in the context. This study could serve as a model for describing the development of all Freud's concepts. Dr. Bernard Brodsky questioned the varied functions that repression seems to involve and wondered if these were all the same or perhaps different expressions of the same mechanisms. Dr. Joachim Flescher commented on the omission of the role of aggression in the counter-cathexis used in repression, and also wondered if Freud actually persisted in his belief in 'the pull from below' as a factor in repression. Dr. Brenner in closing the discussion elaborated points in his paper to answer a number of the questions raised. He noted that repression was not involved in Freud's concept of 'actual neurosis'.

IRWIN SOLOMON

MEETING OF THE PSYCHOANALYTIC ASSOCIATION OF NEW YORK

May 6, 1957. PAVOR NOCTURNUS. Melitta Sperling, M.D.

Dr. Sperling differentiates three types of pavor nocturnus in children: first, the psychotic form characterized by hypermotility, hallucinations, and retrograde amnesia, which is considered to be limited to childhood. There is an insidious onset and progressive development into puberty, at which time serious character disorders, perversions, or psychotic states become manifest. Second, the traumatic form which is considered to be a traumatic neurosis of childhood from which later neurotic, particularly phobic, psychosomatic, or psychotic manifestations develop. The onset is sudden, often dramatic, following the last trauma in a series of narcissistic injuries. The aggression provoked by the trauma is turned against the ego, frequently leading to somatic conversions. To the acutely traumatized child, sleep itself assumed the meaning of a traumatic situation, and in some cases a phobia. Imminent permanent loss of object relationships is the danger in such cases. Waking up, as representing a termination of the traumatic situation in the dream, is a belated mastery of the trauma. The third type is a neurosis, having its origin in the *œdipus*, and it is phenomenologically and dynamically similar to or perhaps identical with the nightmare of the adult. It occurs episodically and the anxious child awakens fully with a vivid recall of the nightmare which may become a lasting memory.

DISCUSSION. Dr. Max Stern praised the merits of attempting to connect specific forms of infantile pavor nocturnus with later development. He surmised that the hypermotility in these children represents a subsequent reaction to the preceding pavor nocturnus. Such a 'somnambulistic' reaction to a preceding pavor nocturnus indicates a weakness of adaptation to reality. Dr. Max Schur took issue with the theoretical formulations. The superego disturbance of these children rather than being causative is the result of a series of interrelated traumata: flooding of immature ego by environmental overstimulation leading to nightmares and pavor nocturnus; also, the effect of repeated attacks of pavor nocturnus on the weak ego. Dr. Schur disagreed with ascribing an 'intentional' therapeutic function to the dream (to master a trauma). The function of the dream is to protect sleep. The nightmare, however, may help in 'the gradual working through' of traumata arising from the day's residue. Dr. Otto Sperling stated that 'sexual overstimulation' itself does not cause pavor nocturnus if it is not combined with the 'split' superego of the child. The ego is faced with repetition compulsion and tries to make the best of it, while a part of the superego 'commands' the child to 'go crazy', 'suffer', etc. Dr. Jan Frank questioned whether the first type of pavor nocturnus is a serious premonitory sign of a schizophrenic or psychotic development. In emotionally wayward families, the children seem to be deprived of the necessary protection against the intensity of their drives. As a result, the ego is impaired. Without parental aid in transforming the primitive drives of the infant, the ego and superego remain primitive. Dr. Melitta Sperling in closing noted that pavor nocturnus of children is not somnambulism or psychosis, and that it represents not an 'inability' to awaken but an 'unwillingness' to do so. The superego of the child with pavor

nocturnus not only rejects but lets through impulses. Children with pavor nocturnus live in a highly sexualized environment and experience premature mobilization of phallic and œdipal strivings, the repression of which is endangered by sleep, and this leads to nocturnal anxiety, particularly in the anal stage, and to intensification of sleep disturbances.

PAUL KAY

L'INSTITUT DE PSYCHANALYSE DE PARIS organise un séminaire de perfectionnement les 24, 25, et 26 Mai 1958. Ce séminaire est réservé aux psychanalystes français et étrangers membres d'un institut ou d'une société psychanalytiques ainsi qu'aux étudiants français et étrangers, régulièrement affiliés à l'un de ces organismes, en particulier à ceux que leur résidence empêche de participer régulièrement à l'enseignement et aux réunions des instituts et des sociétés de psychanalyse. Les inscriptions seront notées au fur et à mesure de leur arrivée et le registre d'inscription risque d'être clos avant le 1^{er} Avril 1958, au cas où le nombre limite des 30 participants serait atteint avant cette date.

Directeur: S. Nacht Secrétaire: S. Lebovici

Richard M. Hewitt, M.D., Director of the Mayo Clinic's Section of Publications for fifteen years, has been appointed the third ALFRED P. SLOAN VISITING PROFESSOR at the Menninger Foundation. Dr. Hewitt assumed the six-month tenure of his appointment in December 1957.

Lewis L. Robbins, M.D., Chairman of the Psychotherapy Research Project at the Menninger Foundation, Topeka, Kansas, and Secretary of the American Psychoanalytic Association, has been appointed DIRECTOR OF PROFESSIONAL SERVICES OF HILLSIDE HOSPITAL, Glen Oaks, New York, of which Joseph S. A. Miller, M.D. is the Medical Director. The appointment is effective July 1, 1958. For many years Dr. Robbins was Director of the Department of Adult Psychiatry at the Menninger Foundation.

The seventh lecture in the Eighth Annual NORTH SHORE HOSPITAL (225 Sheridan Road in Winnetka, Illinois) LECTURE SERIES, The Emotional Problems of Childhood, will be given Wednesday, April 2, 1958. The title of the lecture is Management of the Delinquent, and will be presented by Joseph J. Michaels, M.D., Training Analyst, Boston Psychoanalytic Society and Institute; Visiting Psychiatrist, Beth Israel Hospital in Boston; Instructor in Psychiatry at Harvard Medical School.

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PSYCHIATRY

JOURNAL FOR THE STUDY
OF INTERPERSONAL PROCESSES

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STEPHEN FLECK, ALICE R. CORNELISON, NEA NORTON, AND THEODORE LIDZ: *II. Interaction Between Hospital Staff and Families.*

H. L. RAUSH AND E. S. BORDIN: *Warmth in Personality Development and in Psychotherapy.*

JOSEPH D. LICHTENBERG: *Prognostic Implications of the Inability to Tolerate Failure in Schizophrenic Patients.*

CLYDE SULLIVAN, MARGUERITE Q. GRANT AND J. DOUGLAS GRANT: *The Development of Interpersonal Maturity—Applications to Delinquency.*

HANS H. STRUPP: *A Multidimensional Analysis of Technique in Brief Psychotherapy.*

Editorial Notes.

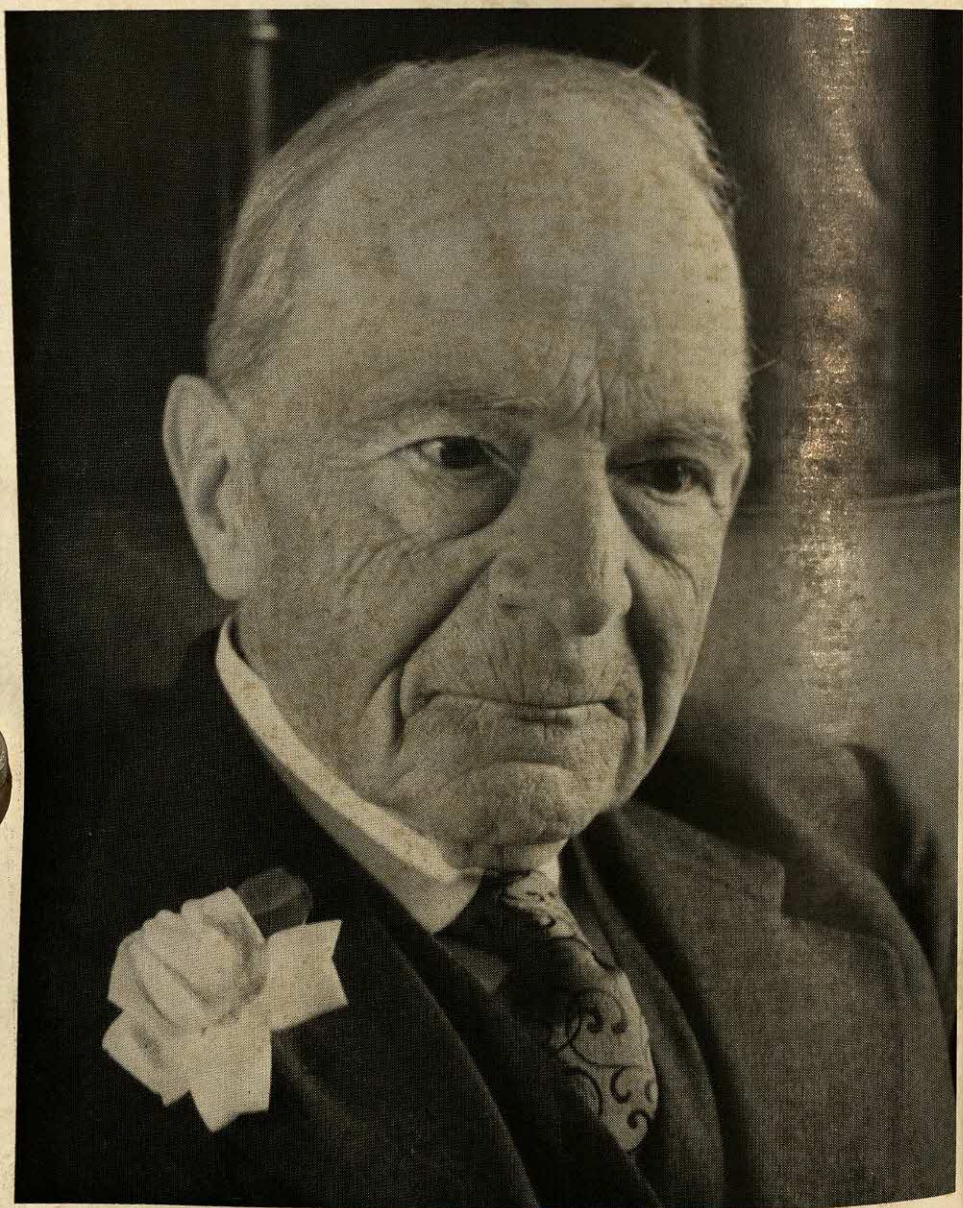
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ERNEST JONES

1879-1958

The death of Ernest Jones on February 11, 1958 marks the passing of the last of a small group of pioneers who became closely associated with Sigmund Freud in the earliest period of the development of psychoanalysis.

Dr. Jones's unusual talents and tireless energy were chiefly devoted to his clinical work, his scientific contributions to the literature, and his participation in all phases of psychoanalytic activity and organization.

Dr. Jones rendered great service to psychoanalysis by keeping alive his personal and professional contact with the analysts on the European mainland through the difficult days of World War I, and in the Second World War his vigilance and indefatigable planning were even more valuable in helping colleagues to escape from Nazi-controlled territory. This culminated in the rescue of Professor Freud and his family, and their eventual emigration to London in 1938.

He was a founder of the American Psychoanalytic Association in 1911, and of the British Psychoanalytic Society in 1913. He remained Honorary President of the International Psychoanalytic Association which he was active in establishing in 1910.

It was a fitting crown to his full and rewarding life that Ernest Jones, shortly before his death, completed the third and last volume of his monumental biography, *The Life and Work of Sigmund Freud*.

DREAMS OF THE BLIND

BY H. ROBERT BLANK, M.D. (WHITE PLAINS, NEW YORK)

This paper is a sequel to my review of the psychic problems of the blind (1). Although the psychoanalytic items are scant, there exists a considerable literature¹ on dreaming among the blind, beginning, as far as scientific investigation is concerned, with the work of Heermann (9) in 1838. Most of the contributions are by psychologists, educators, and blind autobiographers, and consist chiefly of phenomenological and comparative studies, almost devoid of psychoanalytic or even psychodynamic insight. The most striking exception is the unpublished M.A. thesis by McCartney (15), himself blinded at seventeen months of age, written in 1913. The work reveals a uniquely thorough grasp of psychoanalytic principles and a rigorous testing of these principles by the data provided by hundreds of dreams, including one hundred seventy-seven of the author's own. Several of the latter are circumspectly but convincingly analyzed. McCartney's research confirmed freudian dream theory, e.g., 'dreams of flying and of falling have a sexual significance, though they may be initiated by somatic stimuli'; 'nightmare is of sexual origin'; and 'the blind differ little from the sighted with respect to dreams of the dead, and . . . such dreams often represent wish fulfilment'. He was also in advance of his time in his awareness of the distorting influences of stereotypical and magical thinking, warning against the attribution to the blind of special psychic powers or liabilities unless these could be demonstrated scientifically.

From the Treatment Center of the New York Psychoanalytic Institute.

¹ The most complete bibliography and guide to the literature on blindness is Helga Lende's *Books About the Blind*, published by the American Foundation for the Blind, New York City, 1953. The annotations are especially valuable inasmuch as most of the items are unavailable or available only in a few specialized libraries.

DREAMS OF THE CONGENITALLY BLIND

The congenitally blind do not have visual dreams. This will surprise only those who believe in a racial unconscious, hereditary transmission of memories, or other Lamarckian concepts. We must, moreover, include in the category of the congenitally blind, for the purposes of our study, almost all adults who have lost their vision before the age of five. Heermann, in 1838, reported that none of fourteen sightless persons who became blind prior to age five had visual dreams; one of four who were blinded between five and seven had visual dreams; and the thirty-five who lost their sight after seven all retained visual imagery in their dreams. From his study of many aged blind, Heermann concluded that those blinded in adulthood tended to retain their visual imagery longer than those blinded nearer the period five to seven years of age.²

Jastrow (12) in 1900 independently arrived at the same conclusions from his study of the dreams of fifty-eight sightless subjects. 'The period from the fifth to the seventh year is thus indicated as the critical one. Before this age the visual center is undergoing its elementary education, its life is closely dependent upon the constant food supply of sensations; and when these are cut off by blindness, it degenerates and decays. If sight is lost after the seventh year, the sight center can, in spite of the loss, maintain its function, and the dreams of such an individual may be hardly distinguishable from those of a seeing person.'

McCartney confirmed Heermann's and Jastrow's conclusions but cited several cases blinded before three years of age who retained visual imagery into adulthood, which he attributed to exceptional 'precocity' of development of the 'visual center'. Unlike Jastrow and most of his successors (who believed dreams were meaningless manifestations of automatic brain activity),

² In one of Heermann's elderly subjects, dream vision was retained for fifty-two years, in another for fifty-four years before fading away. His work is not only a pioneer contribution to psychology and clinical medicine but also to neuropathology: e.g., his observations on optic nerve degeneration in the blind.

McCartney did not allow his research into dream phenomenology to obscure his awareness of his subjects' need to relate their dreams to their daily problems of living and inner conflicts. Bolli (2) agreed with Jastrow except that he defined the critical period as four to six years of age rather than five to seven. My own experience leads me to accept the ages five to seven as the critical period, which is also the period of cerebral structural maturation, the completion of early childhood ego development, and the beginning of latency.

There seem to be fewer exceptions to the lower limit (those blinded before age five who retain visual imagery into adulthood) than to the upper limit. There exists, that is, a definite tendency for visual imagery to deteriorate in waking memory and in dreams in those blinded even as late as nine or ten. The reasons have to do with tremendous individual differences with respect to unconscious conflicts, ego capacities such as memory, talents, and educational experiences. Of particular relevance here is the subject of 'sensory typing', i.e., the classification of people into sensory types based on the predominance of one sensory modality over the others in the individual's ego functions. A thirty-year-old alert and intelligent teacher, musician by avocation, was blinded at age eight. In spite of excellent memory, going back to his third year and including the events of his illness and blinding, he can summon only the vaguest visual memories or images, and has no dream vision in his fairly frequent and quite vivid dreams. He had demonstrated great musical interest and ability in infancy, and he talked precociously. It is tempting to think of this man as an auditory rather than visual type, and to regard this as a factor in the almost complete disappearance of his visual memory.³

The term, congenitally blind, therefore includes, unless otherwise indicated, those born sightless and those blinded in childhood who have lost their dream vision. Except for the

³ The problems of scotophilia-exhibitionism as factors in the retention or fading of visual memory in the adventitiously blind will be treated in a paper devoted to perception, frustration, and ego development.

absence of vision the dreams of the congenitally blind are fundamentally the same as those of the seeing; this applies to the manifest elements and the dream work, and, transcending the proved and fancied phenomenological differences is the fact that dreams of the blind can be interpreted by psychoanalytic methods in the same way as those of the seeing. In the dreams of the seeing there frequently occur nonvisual sensory, cognitive, and intellectual elements. Occasional dreams in the seeing consist only of a nonvisual element or two, e.g., a dream consisting only of a speech or a smell. A seeing patient of mine dreamed of the number 5. How did you dream it, did you see it or hear it? 'No, I just know I dreamed about it.' This type of immediate response, 'I just knew it', is more frequently heard from the congenitally blind than from the seeing or the adventitiously blind. Further questioning may or may not disclose auditory, tactile, or other sensory elements.

What is the relative incidence of the nonvisual sensory perceptions in the dreams of the congenitally blind? There is almost universal agreement that hearing ranks first, tactile and kinesthetic next, with gustatory and olfactory unusual, and specific temperature perceptions rare. In my own cases taste and smell have been reported relatively more frequently in dreams than in those reported by others; yet their incidence is surprisingly low in view of the importance in waking life of smell and taste for so many congenitally blind. For example, a blind man who could not recall gustatory or olfactory sensations in his dreams stated that smell was second in importance only to hearing in identifying people and locale (hence valuable in communication and motility in addition to direct libidinal gratification). Elinor Deutsch (3), blind since birth except for light perception, contributes an instructive phenomenological analysis (in addition to some psychoanalytically oriented observations) of her many vivid dreams. 'The imagery found in the writer's dreams is entirely auditory, kinesthetic, static, and tactile. The sense of hearing plays the most important part while the other three sense modalities seem to be of about

equal moment. Gustatory and olfactory imagery have never played any part. She often carries on long coherent conversations and actually hears what is being said to her instead of merely knowing it by some sort of intuition as seems so often to be the case in dreams. Voices are reconstructed quite perfectly, having all their usual inflections.' Actual conversations and secondary elaboration are much more prominent dream elements among the congenitally blind than those having visual dreams.

Deutsch's remarks contain certain implications which are worthy of being posited as warnings to less experienced workers with the blind. The first is the glib use by the blind child or adult of a vocabulary referring to vision and the visual qualities of objects. Sometimes this is a relatively superficial veneer. Too frequently, however, it is not just a matter of unrealistic terminology but an indication of impaired reality testing with a tendency to deny the blindness. That one is dealing with an ego defect will usually be confirmed by the presence of impaired school, work, or social performance.

The second caveat involves the need rigorously to differentiate clarity of image from libidinal hypercathexis when one is confronted by a 'vivid' dream. This has not been explicitly defined by any of the writers debating whether the blind have dreams more, less, or just as vivid as the seeing. So many dreams reported by intelligent, articulate, and imaginative people seem to abound with sensory images, but investigation reveals much more verbalism, imagination, and affect than sensory perception. The problem is best exemplified by Helen Keller's accounts of her dreams (14, 12).

CASE I

A thirteen-year-old congenitally blind girl, in treatment because of a phobia associated with the conviction her mother would desert her, reported the following dream and her immediate associations. 'Mrs. Jones was in an elevator going up in a high building. The elevator got stuck just before it reached

the eighth floor. Was that funny! I woke up scared. She is the woman I told you about who has seven children. She isn't afraid to let me hold her baby and feed her.' A week earlier the patient had expressed contempt and resentment against some of the mothers in the block who were afraid to trust her with their babies.

Asked how she knew it was Mrs. Jones who was in the elevator with her, Mary replied, 'I just knew it, I know what an elevator is like'. Asked to be more specific about her recognitions, she said, 'I don't have to see it; I can hear it and feel it [patient carves out an elevator shaft in the air with both hands], I just know what it is'. She then described the 'funny' feeling, i.e., anxiety expressed chiefly by abdominal sensations. In questioning her about another dream, Mary had stated, 'Naturally I couldn't see him, but I can smell him a mile away'. It is significant to note that, 'Naturally, I couldn't see. . .' represents a frank acceptance of blindness in contrast to 'I don't have to see. . .' which avoids the acknowledgment of blindness. Unlike the content of the unreported dream which did not particularly involve conflict over blindness, the reported dream is replete with this conflict which we had only begun to approach, namely blindness as punishment for masturbation, fear of not marrying and not getting a baby because of blindness, the marked ambivalence to mother, etc.

CASE II

A sixty-year-old congenitally blind man whom I was treating for a depressive hypochondriacal episode, but who presented no major illness of any kind, reported, 'I had a dream she came into the room bringing me a dish of gefüllte fish. Isn't that silly?'. How did you know it was she [the shop supervisor]? 'Maybe you'd expect me to see her? Know? I just knew it. The gefüllte fish [grinning]! I don't have to tell you about that.' He was telling me good-naturedly that he knew what I had in mind: it was silly of me to expect a congenitally blind man to see. The joke about the gefüllte fish [no one has to see to enjoy

it] screened his reluctance to talk about his sexual longings for the supervisor which was later confirmed.

CASE III

Mr. A, a thirty-year-old congenitally blind teacher of the blind, who came to this country from his distant home for post-graduate study, was one of a group of blind people, not in treatment, who agreed to coöperate by discussing his dreams for research purposes.⁴ He reported the following dream: 'I was going up to heaven and St. Peter barred me at the gates, telling me to go down below. I argued with him, feeling I was being treated unjustly, until he said, "All your friends are down there"; whereupon I said, "If that is the case it's fine", and I went down below.' The affect throughout this dream was appropriate to the manifest content, the dreamer finally feeling good about joining his friends. The dream made no sense to him except that he was very much interested in discussing philosophical and religious questions with friends and colleagues who often argued about 'material versus spiritual' values. When I learned he had the dream two weeks after arriving in this country I ventured the interpretation that he had been more anxious than he thought about leaving his home and religion for material satisfaction. One would feel safer having the protection of one's parents and a belief in God. The patient readily confirmed this. He had actually given up the religion of his family and was content with the pleasures of the mind and body. With regard to vision, he stated, 'I never dreamed I could see. I have no idea of what seeing is like. In my experience with many blind people, some of them told me they had seeing dreams, but in each case I learned that they had some vision before they were blind or they were just using words. Many of them are very intelligent, do a lot of reading [Braille], and use words and descriptions which give the impression they can see. They fool themselves too.'

⁴ I am continuing this line of investigation in order to get more case material on dreams of the blind, particularly the congenitally blind, and to clarify certain problems in perception relating to ego differentiation.

Of the three cases presented, only Case III provides us with a dream far more characteristic of the blind than the seeing. The typical features are the prominence of heard speeches and conversations, secondary elaboration in the dream work, and undisguised or poorly disguised superego elements. Von Schumann (16) stresses the conspicuousness of manifest guilt feelings in the dreams of several blind analysands.⁵ Isakower's (11) brief preliminary study on the spoken word in dreams is also relevant, but the psychoanalytic appraisal of these typical phenomena will be considered in the next section.

ACQUIRED BLINDNESS

The blind who have had vision beyond the seventh year of life have conscious and unconscious visual memories, and their dreams are essentially the same as those of the seeing. Of greater psychoanalytic interest, however, is the way in which vision and the eyes are utilized and disguised by the individual dreamer. I have frequently encountered frankly wish-fulfilling dreams of seeing, or dreams containing such elements, among the blind who are actively coping with their conflicts about blindness; rarely, among the blind disabled by such conflicts and having strong needs to deny their blindness. Among the latter one usually finds infrequent dreaming as well as great resistance to talking about their blindness. To talk about and to dream about their blindness seems painful. In their somatic complaints too, as well as in their dreams, there occur frequent displacements from the eyes.

Deutsch (3) examined a large number of blind children who were in a boarding school. A twelve-year-old girl, she says, '... dreamed that all the girls in the school except one whom she could not identify gained their sight and went home. After

⁵ Von Schumann analyzes the dreams of the Iliad and Odyssey and concludes that Homer was blinded early in childhood. The Homeric dreams are predominantly auditory with visual elements obscure or shadowy. This is characteristic of the actual vision of those with little more than light perception. The dreams of ancient Greek drama and those on the tablets of the Temple of Epidauros are by contrast predominantly visual.

the others had gone, this girl also obtained her vision and returned to her home, and "there weren't any more schools for the blind". This theme with some variations was found to occur rather frequently in the dreams of the girls attending the state school for the blind. It may be of significance to note that none of the children attending the Chicago Public Schools and living at home dreamed that they acquired their vision.' This is as striking a confirmation as I have ever seen of my often expressed belief that the blind child is more threatened by separation from home than by blindness. The implications for the education and total treatment of the blind child are obvious.

CASE IV

A sixty-eight-year-old resident of a large home for the blind had never fully resigned himself to living there or the reality of his blindness of twenty years duration. I was treating him because of his hostile withdrawal from group activities, multiple somatic complaints, and his noisy recalcitrance about routines. He reported the following dream: 'I saw Mrs. Jones [the director of the home] come into my room with a big scissors to cut off my balls. I woke up screaming.' The day preceding the dream, the director had to refuse his clamorous insistence for another ophthalmological examination. He had had faint and varying light perception for many years, but ophthalmologists had repeatedly told him that there was no hope for restoration of vision. During a previous disturbed episode he had shouted, 'She doesn't want me to see, when will she be satisfied—when my eyeballs are gone?'. This man was not usually paranoid. During periods when he was quiet, dejected, self-derogatory, and masochistic he asked, 'Why did God do this to me? What have I done to deserve this fate?'.

A much younger man, not as disturbed, had a similar dream in which being castrated was more tolerable than being blind. Both men reacted to blindness as the worst possible thing that could happen to anyone and saw no hope in living as a blind

man. Both recoiled from associating with other blind people.

The dream of being castrated as a reaction to the painful reality of blindness is somehow reminiscent of an occasional occurrence in psychoanalysis, namely, the frank dream of incest as a reaction to the emergence of 'dangerous' transference feelings. While the two situations are not quite analogous, in both the *remote* intrapsychic danger is defensively substituted for the unbearable present reality.

CASE V

A thirty-five-year-old blind veteran, who is working and successfully rearing a family, reports: 'I dream a lot about the battles I was in. I see the thing just the way it happened, every detail. Even some of the battles I heard about and wasn't in. I also have dreams in which I clearly see my child and other people that I never saw. The strangest thing is that in the middle of the dream I say to myself, "Don't be a jerk, you can't see".' This reminder in the dream that he is only dreaming and should not take his seeing too seriously I have encountered in two other blind veterans who, characteristically, are also active, productive people with strong superegos. The battle dreams reported are not the classic battle dreams; they are not anxiety dreams. I regard them primarily as wish-fulfilling dreams—taking the dreamer back to the time when he was intact and functioning with his eyes—of persons who are more or less successfully dealing with their reality problems, and who want to be accepted as equals by the seeing.⁶

The blind dreamer's knowledge that he is really blind while he is having a wish-fulfilling visual dream was recently impressively reported by Furness (6), a chemist blinded during World War I by a munitions blast.

⁶ This veteran reported another interesting visual phenomenon: 'Most of the time [when awake] I see a most beautiful combination of colors, masses of red, orange, yellow. That was the last thing I ever saw. When that shell burst I saw it, the next thing I knew I was awake in a hospital, blind.'

Although the blind sleeper 'sees' in his dreams, it is curious that in most dreams he knows very definitely at the time that he is really blind. I was in my old college laboratory when I saw a young lady, unfortunately blind, so I thought, in obvious difficulties as regards her whereabouts. I immediately went to help her, and led her through the intricacies of the passages, but all the time I knew I was blind, and could think how strange it was that I could act as escort. Many similar dreams have come to me, and scores have been reported.

Another remarkable feature concerning the dreams of the blind is the frequency with which the 'flying' dream occurs. The sensation of floating through the air is very common. One blind man I know experiences this sensation in seventy per cent of his dreams. For this I have no explanation to offer, but in this case, too, all objects are usually perfectly visible.

Those of us who become blind in adulthood seem to have four distinct types of dreams—namely, those in which we 'see' perfectly, those in which we 'see' but are conscious all the time of being blind, those in which objects are blurred, and those in which impressions come to us, as in waking hours, through the intermediary of senses other than that of sight. It is the experience of some that dreams of the fourth class gradually take first place as time passes and the stock of remembered images gradually fails.

The significance of active visual dreaming is more complex than the manifest wish fulfilment, 'I can see, and my potency is restored'. Almost every blind patient referred to me, regardless of psychiatric diagnosis, was initially disabled: unproductive in work or in school, with definite constriction of his ego, and narcissistic preoccupations.⁷ Just as the seeing, with such problems, these patients seldom dreamed or reported dreams. Their waking fantasies were similarly impaired, and they strongly resisted freely expressing their thoughts and feelings. Clini-

⁷ In my cases, this applied to the congenitally blind as well. It is easy to understand that a psychiatrist without wide experience with blind people, and without having treated such patients for prolonged periods, could have the conviction that the blind rarely dream.

cal improvement was distinguished by freer communication, widening of interests, and a richer fantasy and dream life. Visual elements were frequently reported with astonishment: '... for the first time since ...'; or '... for the first time in years'. Such changes were noted in several cases in which there was also an intensification of complaints and of anxiety. As a rule, therefore, visual dreaming of the blind is indicative of the blind dreamer's attempting to solve his reality problems. His libido is directed toward object relationships rather than withdrawal into narcissism. He wants acceptance by the seeing; he seeks to increase his capacity to tolerate the anxiety of his frustration and reactive hostility. These dreams are affirmations of equality (identification) with the seeing and attempts to communicate (object relationship) with them. Kanzer's paper (13) on the communicative function of the dream would receive particular support from the visual dreams of the blind.⁸

That the dreamer knows in his dream that he is blind, and admonishes or disparages himself, often with direct speech, represents the superego: 'What are you doing engaging in such childish nonsense, such impossible (sexual) activity with your eyes, when you have so many duties to perform?'. I have never encountered a superego dream of this type reported by a person who was not coping with the difficult problems of living which confront every blind person, most often in the face of blandishments that foster regressive dependence and acting out. Notable in this connection is society's willingness to condone such regression in the blind.⁹ The blind have actually to

⁸ This discussion does not pertain to isolated visual dreams, e.g., the nightmare in Case IV.

⁹ Erotic acting out by many blind veterans, as attempted compensation for self-depreciation, (blindness equals castration), during the early weeks of their rehabilitation is reported by Gowman (7). One should however not overlook that the war blind are a selected group of young physically and sexually active men. Gowman also describes how the seeing tolerate the deviant behavior of the blind because the stereotype of the blind is inevitably considered defective or queer. I would add the more important unconscious wish to permit the blind the gratifications for which they have been 'castrated'.

cope with great sexual frustration due in large measure to factors out of their control. Where obstacles to their freedom of movement and social contact have been eliminated I have observed that blind men have no difficulty in obtaining sexual partners among seeing as well as blind women. The problem is more serious for the single blind woman whose range and choice is more limited. These considerations are almost didactically presented in many dreams of the blind.

Another determinant of the prominent superego element in the manifest dream is the real dependence of the blind person on *seeing and speaking* companions, guides, and others, a condition likely to re-establish and prolong repressed infantile conflicts concerning the powerful giving and frustrating parent, or a favored sibling. Ambivalence and reactive guilt characterizing these conflicts become displaced to the powerful judging, seeing world as a whole, a stereotype which is enhanced by the frustrations experienced by the active blind individual in his daily contacts with the seeing. The net result is an accumulation of unresolved conflict at the day's end which provides a formidable *Tagesrest*. This is given a relatively more prominent representation in the manifest dream than the more deeply repressed, disguised, and distorted elements.

That an overload of reality problems in a dreamer's life does find expression in the dream work was explicitly formulated by Freud (5) in his distinction between 'dreams from below' and those 'from above'. The former are determined primarily by strong unconscious wishes which gain representation in the day's residue. 'They may be regarded as inroads of the repressed into waking life. Dreams from above correspond to thoughts or intentions of the day before, which have contrived during the night to obtain reinforcement from repressed material which is debarred from the ego. When this is so, analysis as a rule disregards this unconscious ally and succeeds in inserting the latent dream-thoughts into the complex of waking thought. This distinction calls for no modification in the theory of dreams.' The visual and nonvisual (Case III) superego dreams are typi-

cally dreams from above, and in analyzing them one can profitably take Freud's advice and concentrate on helping the patient understand the sources and degree of anxiety produced by his reality problems and his real relationships.

DREAMS OF THE DEAF BLIND

Of historical and current clinical interest are the classic reports of Howe (10) on Laura D. Bridgman (1829-1889), corroborated by Hall's work (8) with her, Jastrow (12) referring at length to both Howe's and Hall's observations. Howe and Bridgman are immortalized in literature by Dickens (4). Howe demonstrated for the first time that a blind deaf-mute (Laura's case was further complicated by an almost complete loss of olfaction) could learn to speak and be educated to the degree of being capable of abstract thinking. Howe was very much interested in Laura's dreams. For this she was an ideal subject as she dreamed practically every night. She had many nightmares, and recalled a good deal of their content. The quality of Howe's intuitive thinking is perhaps best demonstrated in his comments on Laura's dreams.

Further inquiry, when she is more capable of talking on intellectual subjects, may change this opinion; but now it seems to me that her dreams are only the spontaneous production of sensations similar to those which she experiences while awake (whether preceded or accompanied by any cerebral action, cannot be known). She often relates her dreams, and says, 'I dreamed to talk' with a person, 'to walk with one', etc. If asked whether she talked with her mouth, she says, 'No', very emphatically; 'I do not dream to talk with mouth; I dream to talk with fingers'. Neither does she ever dream of seeing persons, but only of meeting them in her usual way. She came to me the other morning with a disturbed look, and said, 'I cried much in the night because I did dream you said good-bye to go away over the water'. In a word, her dreams seem, as ours do, to be the result of the spontaneous activity of the different mental faculties producing sensations similar in kind to our

waking ones, but without order or congruity, because uncontrolled by the will.

She sometimes is frightened in her dreams, and awakes in great terror, and says she dreamed there were animals in the room which would hurt her. She has still much fear of animals, and can hardly be induced to touch the quiet and harmless house dog.

The disturbing effect upon awakening of unpleasant or frightening dreams tends to be greater and more prolonged among the blind, especially in childhood, because they do not have the immediate restorative influence of testing reality provided by visual perception. The conviction, 'It was only a dream', is, I believe, more difficult for a blind person to attain than it is for the seeing, and this difficulty is aggravated when the sensorium is further deprived of hearing, and communication is blocked by muteness. I have the impression that waking up in general is a slower process, the more limited the sensory apparatus, and that hypnopompic phenomena are more common among the blind than the seeing—an impression requiring more factual corroboration than is now available.

A great deal of dreaming both as to frequency and duration, with a high incidence of anxiety in dreams, characterizes the blind deaf-mute throughout childhood with a later tapering off of violently disturbing dreams. This is a less evident trend the later in life the disabilities occur. Helen Keller's accounts of her dreaming provide examples of these qualities for which some elements may be accounted.

First, there is the dreamer's actual helplessness, and his exaggerated fantasied helplessness due to severe frustrations of external and internal origin. Among the internal frustrations I would rank those stemming directly from muteness ahead of those attributable to blindness or deafness. By frustrations directly imposed by muteness, I refer to the motility and tension discharge functions of the vocal apparatus, which is not to underestimate the more obvious frustrations due to difficulty in communication. If this hypothesis is valid, it becomes doubly imperative to preserve and further to develop speech among

those who become deaf in childhood. Efficient techniques are now readily available.

Second, the blind deaf-mute, dreaming for example of a frightening animal, cannot see or hear the animal from a distance which would provide the chance to run away, cry for help, etc. The animal is either felt directly or 'known' to be present, with an imminence of attack which includes all the physiological reactions of anxiety. The high incidence of frightening animals in these dreams I assume to be projections by the ego of the helpless child of secondarily erotized oral aggressive impulses. Oral fixation with prolonged dependence on parental figures is inevitable, with few or no outlets for the discharge of instinctual tension during the phallic phase. The frustration of motility, communication, and other ego functions augments reactive hostility to a degree that makes oral sadistic regression and projection inevitable. Without benefit of psychoanalytic or modern pedagogic theory, Howe intuitively knew this and provided the eager Laura a regimen of physical activities, including long hikes, swimming, and horseback riding, which would earn the respect of any athlete.

SUMMARY

The congenitally blind and, with few exceptions, those blinded before the age of five do not have visual dreams, the predominant sensory modality being hearing. Those blinded later than age seven tend to retain visual memory and visual dream imagery. The phenomenological differences between the dreams of the blind and the seeing are not fundamental. They require no revision of the psychoanalytic theory of dreams. The typical dream of the blind is a dream 'from above', one that is determined primarily by serious reality problems and it usually contains some prominent spoken statement, or other superego elements more closely related to the day's residue than to deeply repressed conflicts. Five dreams of the blind are presented chiefly to illustrate their variety and the relationship of the dream to the psychic problems of the blind dreamer, especially

the problems concerning his blindness. The outstanding contributions in the literature on dreams of the blind are reviewed.

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A CONTRIBUTION TO THE THEORY OF PLAY

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Human and animal behavior is traditionally divided into two categories, one serving the survival of the individual, and one serving the preservation of the species through propagation. Freud made this classification the original basis of his theory of instincts. He soon discovered, however, that much of the young animal's or child's behavior does not serve directly either survival or propagation. He called these 'pregenital' erotic activities, including, among others, thumb-sucking, anal stimulation, the pleasurable excitation of the skin, aimless muscular activity, curiosity for its own sake,—all of which have playful, pleasure-seeking connotations within the broad category of sexuality. He characterized these activities, which subjectively have erotic connotations, as immature, pregenital derivatives of the instinctual drive which in its mature genital form leads to reproduction. Greek mythology intuitively recognized this affinity between playfulness and sexuality in representing Eros, the god of both love and play, as a child.

Despite the volume of attention, both precisely descriptive and theoretical, which psychoanalysis has given to these aimless manifestations of sex, authors of our increasingly rationalistic twentieth century, including animal psychologists, have remarkably neglected these nonutilitarian aspects of human and animal behavior. In contrast, nineteenth century philosophers had a great deal to say about play. Outstanding among these are Friedrich Schiller, Herbert Spencer, Jean Paul, Wilhelm Preyer, and particularly Karl Groos.

A profound theory of play was advanced in Schiller's *On*

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the *Æsthetic Education of Mankind*. The essence of his view is in a quotation taken from Karl Groos (11).

Nature has indeed granted, even to the creature devoid of reason, more than the mere necessities of existence, and into the darkness of animal life has allowed a gleam of freedom to penetrate here and there. When hunger no longer torments the lion, and no beast of prey appears for him to fight, then his unemployed powers find another outlet. He fills the wilderness with his wild roars, and his exuberant strength spends itself in aimless activity. In the mere joy of existence, insects swarm in the sunshine, and it is certainly not always the cry of want that we hear in the melodious rhythm of bird songs. There is evidently freedom in these manifestations, but not freedom from all necessity, only from a definite external necessity. The animal works when some want is the motive for its activity, and plays when a superabundance of energy forms this motive—when overflowing life itself urges it to action.

Jean Paul also refers to play as the 'expression of mental and physical exuberance'.

Best known and most influential is Spencer's theory (16), essentially identical with Schiller's, that 'play is the expression of superfluous energy'. He reasoned that inferior animals need all their energy for their maintenance. Higher types are more efficiently organized, and their strength is not entirely needed for survival. There remains a surplus of 'vigor', no longer demanded by immediate emergencies. This excess of energy seeks pathways of discharge. The various functions of adaptation to basic biological requirements are mobilized at times; otherwise they remain unexercised for considerable periods. These unexercised nonessential energies find discharge in playfulness.

Spencer in addition to the 'principle of surplus' adduces imitation and repetition as important factors which determine the kind of play activity chosen by the animal.

Karl Groos critically analyzed the Schiller-Spencer theories (10, 11). He prefers Schiller's formulation and questions Spen-

cer's addition of imitation and repetition (16). He accepts the basic concept that in play surplus energy is discharged, but he maintains that neither Schiller nor Spencer accounts for the specific kind of play which is characteristic of a species. He believes that the nature of play is determined by heredity. 'The activity of all living beings is in the highest degree influenced by hereditary instincts—that is, the way an animal of a particular species controls his members and uses his voice, the way he moves about in his natural element, supplies himself with food, fights with other animals, or avoids them—his manner of doing all these things is governed fundamentally by inherited instincts.' When the potential of psychic instinctual energy is not consumed, and there is a surplus of nervous excitation '... then such instincts find expression even without serious occasion. The kitten treats a scrap of paper as its prey, the young bear wrestles with his brothers, the dog which after long confinement is set free hunts aimlessly about, etc. But such actions are exactly what we mean by the word play.'

Groos gives an exhaustive description of the most diversified playful activities beginning with the infant's unmistakable happiness with contact which serves no other purpose except the pleasure it provides. In handling every object which comes within its reach, the infant not only exercises its motor faculties in a playful way but also the sensual stimulus of touching. Groos quotes Preyer (11), who anticipated the freudian explanation of the oral pleasures derived from thumb-sucking: 'The child enjoys the mere contact'. It gives the child pleasure to test with its mouth everything that offers an occasion for the use of its nerves and muscles. Preyer traces the culinary enjoyment of delicate food to this early, purely sensual, excitation of the oral region. More thoroughly he demonstrates that all sensory gratifications can yield playful pleasure—the sensation of warmth afforded by a bath; the sensations of smell, hearing, and sight which he elaborates in sensations of brightness of perception of color and form, and of movement—all of which yield opportunities for playful gratifications. Similarly he describes

the playful use of the motor apparatus in destructive and constructive movements.

It is interesting from the psychoanalytic point of view that in spite of his painstaking and exhaustive descriptions of practically all known playful activities of the body and mind, Preyer did not sense their kinship with sexuality. He did clearly recognize and emphasize that these playful activities are not in the service of the serious tasks of life.

In a recent article McBride and Hebb (13) give a vivid description of the play of young dolphins.

The partly grown porpoise, as with other mammals, is more playful than the fully mature; but all porpoises, mature and immature, do a good deal of playing with no aggressive element in it.

The individual porpoise finding a feather from one of the pelicans that inhabit the surface of the tank may come up, balance it on its nose out of water, flip it backward, try to catch it, and so on. Another is likely to come rushing up also and catch the feather as it falls and race off, pursued by others who try to take it from it. One may catch it out of the side of its mouth, the rest then pursuing the new owner of the prize. Such play among two or three of the porpoises may last an hour or more. The porpoises frequently catch small fish and let them go, apparently in play since they could easily kill them but do not—although the play is rough and the fish may get injured and die. . . . One young porpoise was often seen to get its nose under a large turtle, stand it on edge and push it all the way across the tank and up against the opposite wall.

The erotic stimulation is clearly demonstrated in the play of one dolphin which was '... seen swimming upside down at the top of the tank, catching and towing a feather with its penis erect'.

Prior to my discovery of Schiller's, Spencer's, and Groos's observations I had advanced a similar theory of play as the exercise of surplus libidinal energy not required for the grim task of survival (1, 2, 3). I expanded this theory to apply not only to play but to all erotic phenomena, following Freud in considering play as one of the many manifestations of sexuality. I ad-

vanced the view that life is governed by three fundamental dynamic processes: the principle of stability, the principle of economy, and the principle of surplus energy.

Life is a dynamic equilibrium which requires certain constant conditions. In every organism there are biologically inherited self-controlling mechanisms by which stability is maintained, a state which makes the life process possible. It is assumed that these conditions are optimal for the life process. Among higher animals the basic function of the central nervous system consists in sustaining the homeostatic equilibrium which is continuously disturbed by the very process of life and by changing environmental influences. This Freud called the principle of stability which he attributed to Fechner, not cognizant of Claude Bernard's contribution. In man this homeostatic function can be studied by psychoanalytic methods, and therefore can justly be called by the name given to the apparatus which is the executor of it: the ego. This mental apparatus accomplishes its homeostatic task through four functions: first, internal sensory perceptions registering internal disturbances of the physicochemical equilibrium, perceiving them as needs and sensations; second, external sensory perceptions registering environmental conditions upon which the gratification of its needs depends; third, the integration of internal and external perceptions in a way that makes adequate coördinated voluntary execution possible; and finally, as the center of motor control, the ego performs its executive function of protecting the organism from excessive external stimuli.

The second fundamental principle which governs the adaptive functions of the ego is called the principle of economy or inertia. Every organism is born with unconditioned reflexes which are useful for maintaining those constant conditions within it that are necessary for life. All the internal vegetative functions such as digestion, circulation, and respiration are such automatic self-regulatory mechanisms. They do not require conscious effort and, with the exception of eating and sphincter control, are not acquired by learning but belong to the hereditary equipment of the organism. Man, in contrast to

animals, however, must learn through trial, error, and repetition the regulation of these functions which adapt the organism to its environment. Acquired habits adequate for maintaining biological and psychological homeostasis are repeated until they become automatic and are performed with minimum effort. Accordingly, learning consists first of groping experimentation through trial and error, and second of repetition of the successful trials that have proved useful.¹

Next to the principle of stability the most basic tendency of the organism is to consolidate gradually by repetitions newly acquired adaptations—which inherently require experimental efforts—and replace them by effortless automatic behavior. This tendency is of great importance in the genesis of psychopathology.

It is the second phase of learning which consolidates by repetition newly acquired knowledge. The stability principle expresses the tendency of the organism to maintain constant optimal conditions for life, but alone it is not sufficient to account for animal behavior. The tendency toward stability requires further definition by taking into account the principle of inertia: every organism tends to perform the homeostatic functions with a minimum expenditure of energy. This may interchangeably be called the 'principle of [psychic] economy' or the 'inertia principle'. To a large degree, though not completely, it corresponds to Freud's repetition compulsion. These two principles are the most universal dynamic principles of life.

The advantage to the organism of the principle of psychological economy is obvious. The energy saved by automatic behavior can be utilized to meet novel situations which might otherwise require strenuous trial-and-error experimentation. Bertalanffy refers to this as a progressive mechanization by which '... the organism spares energy that can be put to better use' (4, 5).

¹ The gradual acquisition of conditioned responses constitutes a form of learning in which groping experimentation is not necessary.

It is important to recognize inherent disadvantages in automatic behavior. Conditions change, and with growth the organism itself changes. Changed conditions require new adaptations. The adult cannot, like the infant, satisfy his needs by relying upon maternal help. He must learn to walk and eat and independently satisfy many other of his needs. Development requires continuous learning. The principle of psychological economy appears in this connection as inertia which impels the organism to cling to automatic behavior which was satisfactory in the past but which is no longer adequate. This is what Freud called fixation. He also discovered that when conditions become difficult, novel, or threatening earlier patterns of behavior tend to reassert themselves. This disposition, which he called regression, has proved to be one of the fundamental factors in psychopathology.

The ever changing circumstances of human development require rapid, flexible *ad hoc* responses which are suitable adaptations at one moment but may be inappropriate at another. The capacity for such sudden shifts of conduct is the most highly developed function of the personality: the integrative functions of the ego. It rests on the ability to learn from experience and to exercise abstract reasoning and differentiation. By memory and reason man is able to continue behaving in ways he has found useful and to alter his behavior as actual situations require. Life is thus a continuous struggle between the organism's tendency to retain old patterns, according to the principle of inertia, and to meet the challenge of development and changed circumstances by adopting new ones.

In spite of their universality, the principles of stability and inertia explain only those biological phenomena which assist in the preservation of life by useful adaptive responses. For understanding growth, propagation, and play I have introduced the principle of surplus energy.

Life can be viewed as a relationship between three vectors: one, intake of energy derived from nutritive substances and

oxygen; two, their partial retention for use in growth; three, expenditure of energy to maintain the organism with a minimal functional homeostatic activity, involving loss in waste and heat, and expenditure represented by playful erotic activities and by propagation. The last occurs first in puberty as a new kind of eliminative function: the production of germ cells. Propagation is growth beyond the limits of the biological unit. It follows the pattern of propagation in monocellular organisms which occurs when the process of growth reaches a natural limit at maturity; thereafter reproduction occurs through the division of the cell. When a biological unit reaches a certain stage of development, addition of substance and energy becomes impossible because its capacity to organize living matter has reached a limit. Individual growth then stops and propagation serves as a means of releasing surplus energy; otherwise the homeostatic equilibrium would be disturbed.²

Energy which is not needed to maintain life, I call surplus energy.³ This is the source of all sexual activity. In the infant, whose needs are satisfied by adults, the incorporating and retentive vectors outweigh the eliminatory one; hence the rapidity of growth. Despite retention in the form of growth there is still much surplus which is neither stored nor used to maintain existence. This excess is released in erotic activities. This explains the preponderance of erotic behavior over self-preservative behavior in the child. Expenditure of energy in play, the child discovers new uses for its organs and exercises them until mastery is achieved and their different functions become integrated in a utilitarian fashion for independent existence. The utility of this play is a secondary effect and has no motivational significance. The child does not exercise its faculties in play for an ultimate purpose; playing is an aim in itself. Erotic play for the sake of pleasure is the first phase, and the utilization of the functions acquired during erotic play is the second.

² Surplus, as well as lack of something that is needed, disturbs homeostasis. Discharge of surplus may therefore be a homeostatic factor.

³ Energy here refers to an unmeasurable quantity or capacity, and is not used in its limited physical sense.

This may appear paradoxical, but the prolonged dependence of the child upon the parents permits it the luxury of playful erotic activities. Thus the energy-saving principle and the creative use of surplus energy are interwoven and combine to maintain life and propagation. Repetition makes useful functions automatic, and saves energy which can be used for growth and procreation.

According to this view, the erotic quality of an activity is predicated on the fact that it is not integrated in a complex utilitarian pattern but is pursued for its own sake. The quest for food, for example, is subservient to the goal of satisfying hunger. This is in contrast to a detached curiosity which is not subordinate to any specific goal but is an aim in itself.

All psychological motivational forces may become parts of more or less complex structures consisting of subsidiary goals which have to be reached before the final goal can be attained (8). But they can also be expressed as aims in themselves without subserving any ultimate goals. Aggression, for example, can serve the aim of removing an obstacle that interferes with the gratification of a basic need. If a hungry man injures or kills a person to obtain food, he commits the aggressive act as an incidental means to another end. A child who tortures a small animal has no other aim than the pleasure derived from inflicting pain and from its mastery over something more helpless than it is. This is the erotic expression of aggression in the form of sadism. If this pleasurable sensation is sufficiently intensive, it may be accompanied by genital excitation which—in the instances in which it occurs—sufficiently testifies to its erotic nature. A tourist cheerfully endures the burden of a heavy knapsack for the gratification of his needs when he has arrived at his destination. The moral masochist unwittingly contrives to suffer defeat and disappointment. The erotized form of this striving requires physical pain for the achievement of sexual gratification. Curiosity is an overt means of sexual gratification in scopophilia. Sublimated, it becomes the motivation for scientific research.

These samples suffice to define the thesis that all psychologi-

cal motivation has two kinds of expression—utilitarian and erotic. Ferenczi (7) anticipated this view by differentiating between the utilitarian and pleasurable functions of all bodily organs. The practical, useful motivational forces are not isolated, as are the erotic strivings, but are parts of complex, structured patterns of behavior.

The relationship of play to utilitarian behavior becomes more complicated when we focus our attention on the playful, but most significant, exercise of man's mastery of both the internal and external exigencies of his existence. It has been demonstrated that many of those faculties which later become significant in adaptive, utilitarian behavior—such as the faculty of sense perception, muscular control—are perfected in playful activities, the aim of which is the activity itself. Waelder (17), referring to Bühler, designates this as 'functional pleasure'. At first it seems somewhat confusing that mastery, the most utilitarian function—not only of the environment but also of internal instinctual conflicts—, may become the content of activity in play.

Freud (9) illustrated this phenomenon in describing the play of a child.

The child had a wooden reel with a piece of string tied round it. It never occurred to him to pull it along the floor behind him, for instance, and play at its being a carriage. What he did was to hold the reel by the string and very skilfully throw it over the edge of his curtained cot, so that it disappeared into it, at the same time uttering his expressive 'o-o-o-o'. He then pulled the reel out of the cot again by the string and hailed its re-appearance with a joyful 'Da' ['there'].

Freud evaluated this game as the child's impulse to gain mastery, by an active substitute, over his mother going away. By repeatedly throwing out and retrieving the object, the child gained an illusory control over the disappearance and re-appearance of the mother. On a much more complex and intellectual level a game of chess may represent a similar phenomenon.

This element of solving problems is essentially what is utilized with children in play therapy. The abreaction of 'surplus tension' has been clearly recognized as one of the 'orthotherapeutic' functions of children's play. The principle of subsequent mastery of traumatic (unresolved) conflictual experiences has been demonstrated in great detail in children's play by Erikson: 'To the child especially the world of play affords opportunity to experiment with organ-modes in extrabodily arrangements which are physiologically safe, socially permissible, physically workable, and psychologically satisfying'. Erikson concluded that the therapist's main function is to aid children in their playfulness to resolve their problems. When the game becomes unsuccessful the children transfer the '... unsolvability of their problems into the play situation. The therapist accomplishes this by inducing the children by "*systematic interpretation*" to reconsider, on a more verbal level, the constellations which have overwhelmed them in the past and are apt to overwhelm them when reoccurring' (6).

Waelder (17), too, emphasized the function of mastery in play. Pleasure derived from the playful exercise of functional pleasure is not sufficient to explain playful activities when a child conjures up traumatic situations which were anything but pleasurable. If one includes in the category of functional pleasure the gratification derived from mastery of the unresolved threat of a past situation, the contradiction disappears. Not only does the child repeat simple performances of organ systems, such as the faculty of grabbing, locomotion, focusing with the eyes, deriving in a playful manner an erotic gratification from them, but it also experiments with its more complex faculty of successfully conquering dangerous situations. Erikson's examples show that not only experimentation with external dangers but also with internal conflicts becomes the content of children's play.

Lili Peller (14) also considers that the solution of problems is the fundamental function of play. She agrees with Erikson that the child attempts to resolve internal conflicts by playful activ-

ity. It is important, however, to note that the essential feature of play is that during true playfulness the solution of a problem is not imperative. The young colt playfully romping in a meadow is engaged in pleasurable exercising his mastery of the problem of locomotion. Should he be threatened by an external danger, he may still appear to be romping, but this behavior can no longer in any sense be called play. The difference between these two outwardly similar activities is that in the first instance locomotion has a pleasurable aim in itself. In fleeing from a danger, locomotion is subordinated to the serious problem of survival.

All nonutilitarian forms of behavior which are classified as representing the broadest category of sexual (libidinal) gratification have two universal characteristics. They are: first, discharges of surplus energy which is not required for self-preservation; second, they discharge this surplus energy not in the attainment of a specific goal to which these activities are subordinated, but in the attainment of a pleasurable activity for its own sake. The playful, erotic activity is a goal in itself.

In this connection it is of interest to refer to a phenomenon described by Groos. The playful activity, he has observed, has a tendency to persevere. He describes young animals that play until they are totally exhausted; also the ritual dances of primitive peoples which are continued to the point of complete collapse. This demonstrates clearly the principle of discharge for its own sake without regard for interest of the organism as a whole. These 'playful' activities are not integrated into the total need of the organism, but are isolated phenomena of discharge, of blind activity pursued to exhaustion without consideration for anything but its intrinsic aims.⁴

The implication of this view is that playful, erotic activities

⁴ This should not be misunderstood. Complex play activities, such as artistic creation, may be highly organized in themselves but pursue their own intrinsic aims, as expressed in *l'art pour l'art*. Probably creativity in art and in 'pure' science consists in the complex organization of these nonutilitarian motivational forces, 'surplus energies', for autonomous expression.

are primary in the ontogeny of each individual. They constitute the building stones which will be utilized later in integrated adult behavior. In playfulness, isolated faculties are practiced and perfected, although at the time they do not seem to serve any utilitarian function.

The observation of the early development of the child fully bears out this view. The limbs are moved only for the pleasurable sake of moving them. The thumb is sucked for the pleasure in sucking, not for gratifying hunger. The child's curiosity also has the quality of an interest detached from practical aims. Gradually, all these functions which have been perfected in playful, seemingly useless activities become integrated in the service of the preservation of the individual. In spite of the great advantages to the child from such experimental activities, it should not be overlooked that the motivation for such play activities is not their immediate usefulness. They are not performed to satisfy immediate survival needs. In such play, the ego practices its most essential function in a playful manner—its problem-solving tasks. This is clearly seen in such adult play activities as solving a chess or crossword puzzle. Although more complex, they do not differ in principle from running around playfully—the common play of children of attempting to climb higher and higher trees, thus mastering their fear of falling. In such problem-solving play activities, the ego is practicing its basic function of mastery. It is stimulated by failures. The child tries to climb a tree again and again until finally it succeeds. All these activities are, at the moment, nonutilitarian discharges of surplus energy not needed for survival.

The history of culture offers parallel observations. Róheim (15) has shown that such practical inventions as agriculture, gardening, and cattle raising, which marked the beginnings of human civilization, were not originally introduced for utilitarian aims. They developed, according to his thesis, from playful activities, from idle hobbies, and were later secondarily exploited for economic purposes. Cattle raising may perhaps stem from totemistic rites in primitive religious practices. Domestic

animals served at first for totemistic representations and their practical usefulness was discovered later. This hypothesis may be applied to later 'technological' discoveries. Flying, for example, was originally the playful whim of adventurous persons who only vaguely dreamed of its future practical significance. The primary motivation of their experimentation was the yearning to rise toward the skies, which often appears in dreams of expressing the wish for mastery, power, and freedom. The wish to fly was originally neither for the sake of passenger traffic nor for the release of bombs at enemies. We come then to the seemingly paradoxical conclusion that culture is the product of man's leisure and not the sweat of his brow: his productive abilities become liberated when he is relieved from the necessities of the struggle for survival.

The genetic significance of play in cultural development was most comprehensively proposed by the Dutch historian, Huizinga. He begins his book, *Homo Ludens* (12), with the terse statement: 'Play is older than culture, for culture, however adequately defined, always presupposes human society, and animals have not waited for men to teach them their play'. He points out the similarity between play and ritual in support of his thesis that 'culture arises in the form of play and in the twin union of play and culture, play is primary'.

Huizinga emphasizes the function of contest in social institutions. Contest is a form of play and, 'like all other forms of play, is largely devoid of purpose. That is to say, its action begins and ends in itself and the outcome does not contribute to the necessary life processes of the group.' This, he notes, is well expressed in the Dutch saying, 'It is not the marbles that matter, but the game'. He considers contest as an essential feature of social life independently of its economic function. As a striking example, he adduces the Potlatch,⁵ which among Kwakiutl is 'a great solemn feast during which one of . . . two groups

⁵ Among the Chinook Indians of the northwestern coast of North America: the winter festival, celebrated by feasting, dancing, and other ceremonies. [Ed.]

with much pomp and ceremony makes gifts on a large scale to the other . . . for the express purpose of showing its superiority. The only return expected by the donors, but incumbent on the recipients, lies in the obligation of the latter to reciprocate . . . within a certain period and if possible to surpass it. . . . In the Potlatch one proves one's superiority by the lavish prodigality of one's gifts, but what is even more striking, by the wholesale destruction of one's possessions just to show one can do without them.'

Huizinga finds that this ritual is not restricted to the Kwakiutl; it is ' . . . found all over the world in more or less obvious traces'. In Melanesia the same customs exist; also in Greek, Roman, old Germanic cultures, and there is evidence of it in ancient China. He quotes Malinowski that among the Trobriand Islanders food stuffs are valued not only on account of their usefulness but also as a means of parading wealth. The important point is that in Potlatch the sole aim is of winning, of being superior, enhancing prestige. It is often clearly economically ruinous and as such strikingly nonutilitarian. That such originally playful contests may, in certain instances, become an integral part of the socioeconomic structure (for instance in the early phase of Western capitalism) and gradually lose their playful characteristics is not noted by Huizinga.

Huizinga puts special emphasis on the fact that every game has its own rules and restrictions which cannot be violated without destroying the playful character of its performance. His main objective is to discover the elements of play in all aspects of culture. He discovers the connection between legal justice and play even in the formal characteristics of the law: 'The judicial contest is always subject to a system of restrictive rules which quite apart from the limitations of time and place set the lawsuit firmly and squarely in the domain of ordinary antithetical play'. A lawsuit can be regarded as a game of chance, a contest, or a verbal battle.

From law, Huizinga turns to war and proposes the thesis that primitive war often was scarcely distinguishable from a playful

exercise of personal courage. He qualifies this by adding that even archaic war '... with its grimness and bitterness offers but scant occasion for this noble game to become a reality, and only in the distorted epical presentation is war played out in the ideal sphere of honor, virtue, and beauty'.

To demonstrate the nonutilitarian, playful element in war, Huizinga quotes the instance of a Japanese prince, Kenchin, in his war against another prince, Shingen. When the former learned that inadvertently he had cut off the latter's supply of salt, he sent salt to his enemy expressing his contempt of such economic warfare by saying, 'I fight not with salt but with the sword'. Huizinga also quotes Ruskin, who maintained that in '... the creative or foundational war the natural restlessness and love of contest among men are disciplined, by consent, into modes of beautiful—though it may be fatal—play'.

In science, too, Huizinga demonstrates the riddle-solving motivation for the mere sake of finding a solution independent of its utility. Being fascinated by play, he deplores the fact that in the nineteenth century Western civilization is rapidly losing much of its playful character. He believes that all the creative achievements of previous centuries originated in nonutilitarian, playful practices. In our own age science particularly is in the process of becoming woven into the highly complex socio-economic structure of modern society. The most extreme expression of this, he says, is the '... shameful misconception of Marxian doctrine that economic forces and material interests determine the course of the world. The grotesque overestimation of the economic factor was conditioned by our worship of technological progress which was itself the fruit of rationalism and utilitarianism.' This shift comes to expression also in the rationalization of man's dress which sheds all the æsthetic, non-functional frills: 'Work and production have become ideal, the idol of the age. All Europe [has] donned the boiler suit [overalls].'

The predominance of the practical technological applications of scientific knowledge which have been acquired in the

previous two hundred years—while scientists were freely pursuing 'pure' science—is another expression of this gradual rationalization of social life which lends to our own era its deadly seriousness. Its goals have become a statistical problem of securing food, shelter, and comforts for the masses. Play is now relegated to the special domain of sports—particularly spectator sports—in which it is more than less isolated from the essential fabric of modern industrial society. Huizinga finds some consolation in the observation that residues of play persist in such central events of modern society as American presidential elections.

The gradual rationalization and routinization of the functions of survival in society do not necessarily need to lead to the extinction of the playful creative activities of men. The efforts which are saved by the rationalization of basic economic processes can be utilized for the complex derivatives of play: for artistic, scientific creativeness, and for the embellishment of life by developing a more sophisticated art of living.

The affinity between play and creativity has long been recognized. Play emancipates itself from the grave exigencies of life. We call behavior rational when it is well adapted to given conditions and thus can serve the individual's survival. In play, the individual expresses his 'nonadjusted' inclinations.

In playful experimentation with his own faculties, and without any consideration for utilitarian goals, man instead of 'adjusting' himself to the world is able to shape it according to his own needs and desires. In building his own world, he furthers his survival and discovers the means for survival by creative acts while playfully exercising his abilities for their own sake. A truly creative act is, nevertheless, more complex than play. While play is mainly directed to self-gratification, in creativity communication with others becomes an important additional feature. The child expresses himself in play. The creative artist, writer, or scientist also expresses himself but at the same time attempts to convey this self-expression to others. Play

though intimately related to the higher forms of creativity does not fully explain them. They are complex derivatives of play.

The creative nature of playing lies in greater freedom of choice in contrast to adaptive behavior. Adaptive behavior is closely determined by the adaptive goal; by the problem which the organism has to solve. As a rule there is only one or at most a few correct solutions.

In play, on the other hand, the freedom of choice is practically unlimited which lends to it an experimental connotation. By contrast, utilitarian behavior is pedestrian. The goal is circumscribed and the procedure by which one may reach it is restricted by the goal itself as well as by the practical exigencies of a given situation.

Adaptation has a conserving and leveling function. It favors uniformity which is determined by the adaptive task that prescribes a certain solution. There is little choice. In play, however, and in his more complex creative activities when man is relieved from immediate tasks of adaptation, he reveals his individuality, building a world according to his own fantasy.

One is tempted to compare the relation between adaptive behavior and play with the relation between natural selection and mutation in biology. Mutation can be looked upon as a free and playful experimentation of nature with new, sometimes bizarre, combinations of genes which in themselves are not adaptive but produce individual variations in the species, some of which by chance may have a survival value. These successful experiments are preserved through heredity.

Play is one of the important sources (though not the only one) of man's culture-building faculty by which he changes the world according to his own image.

It is paradoxical that when man through scientific knowledge has become so efficient in securing with little effort the basic necessities of life, he becomes so deadly serious and looks nostalgically at the creative centuries of the past during which he still had the time and the detachment necessary for play and creativity. In this paradox lies the secret of understanding the crisis of Western civilization.

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NOTES ON A CASE OF MALADIE DES TICS

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I

In her short paper on reaction to motor restraint, Dorothy Burlingham¹ reminds us that in spite of the 'close tie between aggression and motility, it seems plausible that also on the libidinal side an essential, though less spectacular, flow of discharge takes place constantly by way of muscular movement, creating a similarly close link between libidinal tensions and motility'.

A case of *maladie des tics* will illustrate how involuntary, diffuse muscular activity can serve not only for discharge of aggression but equally as a libidinal indulgence—as an expression, in other words, of erotic pleasure which the patient has been reluctant to give up.

The patient was a boy, fifteen years of age, who was analyzed from the age of ten to twelve years and returned to treatment two years later. He was a clever, resourceful child who, upon casual observation, seemed likable and aroused sympathy; but those who knew him intimately and were constantly with him described him as 'insidious', although he was not belligerent or destructive and never lost his temper. His symptom involved his whole voluntary neuromuscular system. Throughout his waking hours he twitched and yelped. The twitches were generalized tics, mainly of the muscles of the trunk and upper extremities, sometimes of the head and neck and legs, or of combinations of some or all these muscles. As is typical of the tic syndrome, never an isolated muscle but groups of muscles were involved. The yelping consisted of meaningless sounds, often but not invariably accompanying the twitches. I was never

¹ Burlingham, Dorothy: Notes on Problems of Motor Restraint During Illness. In: *Drives, Affects, Behavior*. Edited by Rudolph M. Loewenstein. New York: International Universities Press, Inc., 1953.

able to make out coprolalic words in the patient's utterances, although I looked for them, being familiar with similar cases where coprolalia was a constant occurrence. His twitching never caused him to hurt himself nor did it interfere with his sports and dramatic activities. He carried on his twitching in the midst of his activities. When it was necessary that he control the symptoms he could do so, with great effort, for a short period of time.

After the first period of analysis, there were times when the twitching and yelping diminished considerably. However, he was never entirely free of the symptoms. Their increase in severity was usually attendant upon fatigue, tension, or anger. At the height of his twitching and yelping, between nine and eleven years of age, he was occasionally seen lying in bed twitching and handling his genitals. He was often angry with adults because they did not tolerate his twitching and yelping. It was not until long after treatment began that he could see why people might be annoyed by these symptoms.

During the earlier period of treatment, he showed an excessive reaction against excretions, specifically when he was reminded of his younger sister and mother who, he complained, were messy in their toilet habits and thought nothing of walking around the house scantily or sloppily clad. It was obvious that he reacted with great disgust to urine or feces and 'stuff from the messy hole' (vagina). However, he himself was none too clean at times and he often found satisfaction in using obscene words. During his pubescence, when he began to be interested in girls, he had fearful fantasies about what his penis would feel like 'in that hole', whether it would get so blown up that 'it would burst inside', or perhaps get caught. He was preoccupied with fantasies about sexual intercourse. It was evident that his castration fear was more predominant than his need to maintain the repression of his coprophilic impulses.

In recent papers on cases of *maladie des tics*, emphasis has been placed upon the struggle with coprophilic and aggressive impulses. In this case, it is my impression that the anxiety surrounding the danger of castration became acute when copro-

philic impulses attracted him to the vagina ('messy hole'),—a phobic preoccupation, as it were. This patient had a phobia with which he was constantly obsessed, namely, that he might suddenly come upon a 'skunk cabbage'. It was both the sight and odor that horrified him. He shuddered to think of it; yet it had an obsessional fascination for him. He would talk for a long while about it with great concentration and interest. What he repeatedly associated with 'skunk cabbage' was the time of his tonsillectomy at the age of six when he was strapped down and given ether, and struggled against losing consciousness. Shortly after this operation his twitching began. The invariable chain of association was the odor of ether and being strapped down on the operating table, with a struggle against loss of consciousness (which later came to mean loss of control).

When he went to high school,² he got into trouble with schoolteachers whom he termed 'mean' and 'unreasonable'. These were teachers who were arbitrary and strict. It was soon evident that he provoked them and he finally realized that he was sarcastic and annoying to them. A sophisticated example of his 'diabolical' nature was revealed in an episode at high school when he repeatedly told the teacher 'I am sorry' after making the same mistake over and over again. The exasperated teacher made him write 'I am sorry' five hundred times as homework. He then condemned her for being such a 'bitch'. In the succeeding hour, he was 'playful' and contemptuously argumentative, shouting me down, interrupting me, and not allowing me to finish what I was saying, all the while twitching and yelping. When I sat back in my chair, momentarily resigned to this taunting barrage from him, he exclaimed, 'When am I going to get your goat?'.

The patient protested against being curbed, and he was always able to rationalize his wishes. He could make out a case against everyone in authority who opposed him, even to a point

² He was able to control his twitching and yelping sufficiently to enrol in high school at fourteen-and-a-half years. It was obvious to the teachers that he had some 'nervous habits'.

where it seemed that he felt persecuted. It became evident that he was unable to tolerate any kind of restriction. He was often in situations where much restriction had to be imposed. For several years he was kept in a boarding school where conformity was expected.

Later, in a crowded public high school, he had to comply with rules and regulations. He wanted very much to do well in his studies, yet he felt an increase in tension while doing homework and an inability to concentrate. A teacher who was strict and required of him that he do his work was subject to his abuse. He seized upon her idiosyncrasies and described her as an unreasonable person. Because she gave him a hard time, he was 'twitching back at her'. His twitching and yelping was a way of venting his hostility and 'getting even'. There was satisfaction in 'getting under her skin'. Fortunately for his treatment, he did not wish to 'take the rap' for it. It was difficult for him to see that he was actually provocative with persons he disliked, especially women. A sequence of unconscious provocations, followed by 'twitching back', was the pattern.

One summer, looking forward to his first ocean voyage, he became anxious when informed that his parents, his younger sister, and he would have to sleep together in the same cabin. He feared it would be too confining and he would not be able to do what he wished. He insisted that he would keep himself from twitching too much, but it would be an uncomfortable effort.³ For the first time the patient became conscious of his inability to tolerate restriction. He told me that when he sensed that anyone was annoyed with his twitching, he became aware of a strong urge to do it all the more. At the same time there was a preconscious thought of 'how far can I go?'. Here we clearly see in his urge to twitch a combination of libido and aggression. The patient's preoccupation with his fear of re-

³ To be sure, this may have been a rationalization; in all probability the expected confinement with his parents and sister aroused his anxiety lest he not be able to control his scopophilic impulses and his urge to masturbate. As one might have guessed, on the voyage there was insomnia and increased twitching.

strictions was an attempt at mastery of restriction and a fascination with it. As a child, he was absorbed in knowing about the construction and operation of the electric chair. He knew all the states where capital punishment was carried out by electrocution. In his play he dramatized electrocutions. Another form of punishment that he dwelt upon was being confined in a box in which one could not move. Later, in school, his conflict over applying himself to his homework was attendant upon a feeling of being 'tied down to it'. Stray thoughts came up then to interfere with his concentration which, to him, was a form of confinement. Loss of control and confinement were equated in his mind. An operation (which implies being anesthetized) and an electrocution are situations wherein one is confined (restricted) and loses control (consciousness). The ultimate fear is of castration. Twice the patient was subjected to a generalized anesthetic. The first time was for the tonsillectomy and later, in an attempt to cure his twitches, an anesthetic was administered rectally. In talking about these events, he confounded and condensed the two experiences. He said, 'You remember I told you about the tonsillectomy when I got an enema of anesthetic, up to my spine'. He further commented on 'that wonderful feeling' from the anesthetic, and his fears of the dark after the operation.

He maintained two more or less clearly defined attitudes toward his twitching. At first he was often given to despair, believing that his was a hopeless case and that he could never be cured. He wanted to know if I had had any success with similar cases, and sometimes concluded that he was the only one ever to have such symptoms. After all, he had never seen or heard of any other boy with his trouble. At a later time, as a means of counteracting his despair, he tried to justify his symptoms, to believe that he would not be such a good comedian if it were not for his 'twitching disposition'. His symptoms, therefore, should be tolerated.

When the patient talked about his masturbation, he tried to speak as if it were of little concern to him. When I reminded

him that there were periods when he masturbated excessively, his reply was that since his twitching (although under control and no longer severe) might repel girls, he did not stand much of a chance of having relationships with them, so it was all right for him to indulge in masturbation. When he felt unable to overcome his twitches he would worry, in his despair, about the damage that might be done to his body. Then he believed that he had injured his spine and his heart. Once he was insistent that I arrange for a neurologist to examine his spinal cord and brain, at least to make sure there was nothing physically wrong with him. This he requested in spite of the fact that he had had thorough neurological study before beginning his analytic treatment, and had been told that nothing abnormal was found. His doubts seemed at times to border upon delusion. The crucial point, however, was that he thought he had 'ruined' himself by his twitching. He spoke of himself as a 'twitching wreck'. The unconscious thought was that he had ruined himself as a result of his masturbation and that he was continuing to do so. When I proposed this idea to him, he characteristically replied that he was told by his mother when he was a small child that playing with his penis would stop his growth, but 'of course, no one believes that'. This dissociation of fear and guilt from masturbating enabled him to continue the practice. The tension and 'urge' attendant upon his twitching and yelping force us to the conclusion that this patient had highly erotized his whole voluntary neuromuscular system and that the twitching was a masturbatory equivalent.

A word should be said about the patient's obsessive thoughts. He would feel compelled to imagine himself as someone else, to cogitate on how it would feel to be some famous movie star, or a historical figure such as Napoleon. What if he were to relive his life as someone else? These thoughts were usually, however, without specific reference to anyone in particular. It was the idea of not being himself that was so disturbing. These thoughts were distracting and often interfered with his concentration upon his homework. When plagued by them, he

felt the urge to twitch. He speculated that they were excuses to allow him to twitch. He could not get these ideas out of his mind and relax for a minute. I was struck by his statement that these thoughts were excuses, and that he could not relax. Again, in his obsessions he was concerned with the fear of losing control, and he had to be constantly on guard against this danger.⁴ The thought was a reminder, the twitch was a reassurance. The fatigued driver has to sing and shake himself to keep from falling asleep at the wheel. This fear of losing control was further illustrated after the patient became acquainted with the concept of the unconscious. He was often amused by the 'tricks' his unconscious played on him, especially when he 'purposely forgot'. But his amusement changed into fear and despair when he realized that he might be the victim of his unconscious thoughts. He feared he would not be himself. He would be his unconscious. After all, he had no control over his unconscious. He thought of his attempts to control his twitches as a battle between two parts of himself: the part that wanted to give in, and the part that fought against giving in.

Many associations revealed a struggle against unconscious passive submissive wishes. For a time his attitude toward me was characterized by his words, 'Do whatever you want with me, I don't care'. His conscious thoughts were that I knew what was best for him, and that he would never act against what I might say. It was at this time that he first speculated about something being wrong with his brain or spine, and in spite of his fear of being anesthetized and losing consciousness on the operating table, he expressed a wish that something organic could be found and that he could be cured by an operation.

II

In discussing tics, we must keep in mind the difference between a psychogenic tic and the tic syndrome. The psychogenic tic is an expression of a specific conflict that has been resolved by

⁴ There is also the question to what extent his fear of relaxing and losing control caused an irresistible urge to masturbate. The twitches as a masturbation equivalent may have served in place of masturbation or in preference to it, as the lesser of two evils.

the creation of a conversion symptom, the tic. The tic is the symbolic expression of an unconscious wish by a stereotyped, involuntary movement which is clearly delineated and circumscribed.

Maladie des tics is neither a specific nor a symbolic expression of an unconscious wish, but is rather the generalized expression of an attitude or disposition which in the course of an analysis may be understood in terms of specific conflicts. In this case, one of the main conflicts was between the patient's wish to masturbate and his fear of the consequences of indulging this wish. This conflict was expressed in the 'body talk' of his voluntary neuromuscular system. The unconscious conflict over masturbation was displaced onto the struggle with his twitching. The displacement was not only from an organ to an organ system, but from one psychic area to another, —from the unconscious to the conscious. The shift from organ to system, from the genital to the voluntary neuromuscular system was determined by the hypercathexis (erotization) of the latter which enabled this displacement to occur. We may say that this patient's voluntary neuromuscular system had been suffused with libido and aggression. The gratification he derived from the libidinization of this organ system made him reluctant to relinquish his symptoms because they allowed for direct and immediate instinctual gratification upon his own body. From the point of view of ego development we may consider this so-called psychosomatic disease a failure of the ego to master motility. In this disease the ego has not been able to withstand the hypercathexis of an organ system and has, therefore, become compliant to the dictates of libidinal and aggressive impulses. This disease illustrates further how the erotization of an organ system may cause its dysfunction to such a degree that it serves the id more than it does the ego.

III

During the latter part of his analysis the patient realized that he imposed restrictions upon himself by conjuring up his obsessive ideas. He could not let go of these thoughts, and one

followed upon another. He was plagued by them and complained that they kept him from being free to do all the things he wanted to do. When I asked him what he really was prevented from doing, he replied with characteristic denial, 'Oh, I know what you are thinking, that I want to beat off. Well that's not it because I do it anyway.' Thus by denial of his concern, he confirmed that he was warding off fears of masturbation, and also revealed his 'dual' personality. One part of him does it, the other part tries to keep from doing it by means of distraction.

When the patient engaged in his obsessive fantasies that he was someone else, he had a fear that he would be 'stuck', as he said, and would not be able to resume being himself. This was a 'horrifying' thought, because his brain would change too and his state would become irreversible. He thought of the special school in which he lived for three years and where there was a unit for severely retarded children. Once he remarked that that unit was 'the point of no return'. Early in the analysis he was haunted by the fear that his symptoms would drive him crazy. At about the time of onset of his twitching, his grandmother was committed to a state hospital. He occasionally visited her, and she was a recurring reminder of his fear of losing his mind. This fear, which was the equivalent of his fears of being someone else and of losing control as a result of masturbation, became more evident. The displacement of affect from his masturbation to the twitching made it difficult for him to see the connection between masturbation and his fears. To be more accurate, we should say that what was unconscious was the *guilt* over masturbation and the *fear* that masturbation would cause loss of his genital. The castration fear (the fear of 'ruining' himself) was displaced from masturbating to twitching. The dissociation of his guilt feelings enabled him to continue his masturbation. The first step in his therapeutic progress occurred when he began to realize that he had displaced his fear of castration from the masturbation to the twitching. His guilt over masturbation never became conscious. Perhaps

if his treatment had continued this connection would have been achieved. We may speculate that if this patient had originally (during the œdipal period) felt more guilty about his masturbation, or if it had not been so easy for him to dissociate affect from its source, the castration anxiety would have remained more directly connected with his masturbation, and it would not have been so easy for him to displace the conflict to his voluntary neuromusculature. However, his hypercathexis of this organ system may have made the displacement inevitable.

Often the patient revealed his passive submissive tendencies. His anxiety over unconscious feminine wishes is illustrated by an episode that occurred at the height of his preoccupation with obsessive fantasies. One of his teeth became loose and he was very much distressed. He remarked that he was 'done for', that perhaps he might 'go crazy', and that this was an indication of 'body deterioration'. When he later made an appointment with the dentist, he reminded me that he never allowed a dentist to inject novocain or put a cone for the administration of gas over his nose. He would much rather bear the pain of the drilling than submit to an injection. His thought about novocain led to a fantasy that a poison, like snake venom, might accidentally be put into the syringe, and he would then be slowly paralyzed. Earlier the patient had wished to be examined by a neurologist in the hope that something physical might be found and excised. At that time he remembered the euphoria produced by the sedative enema which went 'up to my spine'. It is clear that he had to be on the alert against his passive submissive wishes and the castration danger involved. He constantly had to remind himself of the dangers of giving in to a restriction of any kind.

In summarizing, we may say that in this case of *maladie des tics* the patient's twitching and yelping were overdetermined symptoms. 1. These neuromuscular spasms were highly eroticized; they were a masturbatory equivalent. 2. Although they

caused him anxiety, this anxiety was probably much less than would have resulted from awareness of the consequences of his masturbation. The twitching therefore enabled the patient to indulge in a substitute masturbation. 3. It was also a defense, though a poor one, against the anxiety attendant upon masturbation. 4. The twitching was a mechanism symbolic, as it were, of his need to ward off the danger of submission to his passive feminine wishes.

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BLANKET INTERPRETATIONS

BY SANDOR S. FELDMAN, M.D. (ROCHESTER, NEW YORK)

In his paper *Observations on 'Wild' Psychoanalysis*, written in 1910, Freud discusses the technical errors of untrained professional persons (4). To such persons, Freud says sexuality means only a somatic process. They disregard love and the structure of the total personality; they make interpretations without considering resistance, which is responsible for the sexual ignorance of patients in matters that they could have found out for themselves; they distribute (to use Freud's simile) menu cards in time of famine; and they do not wait with their interpretations for the proper time, namely when the repressed material comes very near to the patient's thoughts and to the state of positive transference (pp. 302-303). They practice 'wild' psychoanalysis.

Glover speaks of incomplete and inexact interpretations (7). According to Glover, an interpretation can be correct and still be incomplete. Suppose, he writes, that in a male patient there are unconscious homosexual fantasies on an anal level of the sexual organization but the patient offers fantasies on a genital level; the analyst works on the latter and achieves a temporary alleviation of genital anxiety. If the therapist makes no attempts to uncover the anal fantasies, the interpretation can be called an inexact one (p. 402).

A vast number of books and papers (from Freud to Lorand) on technique are available to students. The finest papers pub-

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lished in recent years are those of Loewenstein, Kris, and M. Balint (9, 10, 8, 1).

One of the more common errors of technique is the 'blanket interpretation'. I use this term for interpretations that may be valid and correct when applied to certain analytic material at the proper time but that are often misapplied by indiscriminate use, like blueprints, to situations in which they are inappropriate. Those guilty of blanket interpretations include even trained analysts and well-informed candidates; and they are frequently made by patients and by psychotherapists possessing only random knowledge of psychoanalysis.

Patients are likely to offer the analyst or psychotherapist blanket interpretations to mislead him. If he falls into the trap, the patient's resistance (the unconscious resistance is much stronger than the conscious one) achieves its goal of avoidance of the lifting of repression. Some patients, especially those in a more or less advanced stage of analysis, readily admit that a blanket interpretation was made by them on the basis of 'book knowledge'. Even a well-trained analyst sometimes may fail to wait for associations but offer immediate interpretations on the basis of his own or others' experiences with patients. Or the analyst may get associations from the patient but not appreciate their nature and value, and impose upon the patient a blanket interpretation that will lead nowhere. If it is recognized, the blunder should be admitted and the correct interpretation given. Candidates in analytic training are often victims of such mistakes. Therapists who lack training or personal analysis,—often they are open opponents of freudian psychoanalysis,—are more than any others guilty, in the secrecy of the office, of blanket interpretations. If the interpretation works, the credit is the therapist's; if it does not work, the discredit goes to the science of psychoanalysis.

The following offers several examples of blanket interpretation; I hope they will stimulate the reader and help him recall similar experiences of his own. We all make mistakes. It is to the benefit of patients, analysts, and our science to recognize them and make proper corrections.

1. A man in his thirties would slip off a chair whenever he sat down because of an impulse to squirm. For one year he had been in an analysis which had to be terminated because he moved away. He was married, a salesman of average intelligence and with some education. After five sessions with me he had to discontinue his analysis because of difficulties in transportation. I asked the patient about the circumstances in which his strange symptom had first appeared. He explained that while in New York he had witnessed a window cleaner falling from an eleventh floor. He had seen the man on the sidewalk make a last attempt to get to his feet, collapse, and die. Since then he had had to squirm: for some reason he felt the need to re-enact the scene which he had witnessed. I asked the patient whether his analyst had been able to give him any interpretation during his one-year analysis. The analyst, said the patient, had explained to him that he was under the compulsion to act out the scene because it had stimulated in him an unconscious birth fantasy. The patient had not understood what his analyst was talking about and had asked for further information. Thereupon the analyst had explained to him that the house symbolized the mother, the room her womb, the window the opening of the womb, and the falling from the window the birth.

Such an interpretation can be found in classic psychoanalytic writings. We are entirely justified and correct in using it when we have proper basis for doing so. There might even have been a justification in this case had the interpretation been backed up by clinical evidence and given at the proper time when, as Freud suggests, the patient's thoughts are close to the text of the interpretation. In the five sessions the patient had with me I learned that before the 'traumatic' street scene he had fainted three times. Once, when he was eight years of age, from a room adjacent to the kitchen, he had heard sudden screaming of his mother. He dashed into the kitchen and on seeing the raw flesh of her scalded arm, fainted. The second occasion was in military training, in a class in which the army doctor had discussed syphilis and shown terrifying pictures of

destructive ulcers of the penis caused by syphilis. The third time occurred after his marriage, when he went down into the cellar and bumped his head; he was not hurt but he did faint. In my opinion the first analyst missed the castration fear. It is conceivable that in the dim past of the patient there was a separation anxiety, related to ideas about the birth of a baby, conducive to making him sensitive to a strong castration fear; but the time was not ripe for such an interpretation.

2. A patient who was a candidate in analytic training dreamt that he met his uncle in the hospital and asked him what he was doing there. The uncle replied that he had been to the dentist; he had needed three fillings; it was very expensive; he had had to pay three hundred dollars.

The dreamer, a bright and promising colleague, close to the end of his training, commented at once: 'It is obvious what the dream expresses'. 'What is it?' I asked. He answered, 'Oral eroticism'. I replied that here was a classic opportunity to show how *not* to make interpretations and suggested that he say what else entered his mind. Now came the real story. The patient, an only child, married and with a family, had a widowed mother, openly in love with him. In his early youth he had often heard from his mother that he need not get married, that he might sleep with any girl he wanted, but as for other things such as cooking and taking care of him, she would do it better than any other woman. Nevertheless he married and was happy with his wife. But many things indicated an attachment to his mother. He had a nephew whose marriage had made the nephew's mother very unhappy. By her manipulations she succeeded in breaking up the marriage. After the divorce the nephew became 'girl crazy', spending all his leisure time with girls. His parents were afraid that he might again marry 'the wrong girl' and the boy's father asked the patient to talk to him, 'check him', and prevent him from making 'a mistake'. He talked to the boy after a weekend sexual spree. 'Did you have a good time?', he asked his nephew. 'I had a wonderful weekend', replied the boy, 'I had three fillings [meaning sexual

intercourse], but it was an expensive trip: it cost me three hundred dollars' (exactly the sum mentioned in the dream). But this is not yet the whole story. The repressed dream thought was: 'Perhaps my mother was right; I shouldn't have married. I wish my marriage would be broken up, then I would sleep indiscriminately with girls, like my nephew, and my mother would cook for me and take care of me.' The blanket interpretation was intended to keep such thoughts repressed.

3. An unanalyzed psychotherapist, untrained in psychoanalysis, referred a patient to me for analysis. He knew a great deal about the circumstances of the patient, and meeting me one day referred to the patient's failure to pay me, saying 'Ah, anal eroticism'. It soon became obvious however that the patient had run into unexpected financial difficulties, and simply did not have the money to pay the analyst: she paid the full sum the moment her financial difficulties were settled.

This does not mean that the patient may not have had anal erotic trends influencing her relations and attitude toward money; nevertheless, at the time this comment was made it was not warranted and cannot but be considered a blanket interpretation.

The most frequently abused concept is that of 'oral depressive'. It is used indiscriminately whenever depression is present in the clinical picture. It is true that the model of depression is created in the oral stage of libido development, but later on in life the depression need not present itself only through oral frustration; it may follow any situation of helplessness, the patient leaning toward the first model, oral helplessness. That the helplessness is the main factor in 'oral frustration' was pointed out in a recent paper by Edward Bibring (2). When the depression does not follow an 'oral frustration' but some other kind of frustration, the therapist by paying attention only to the oral part, which produced only the model of reaction to frustration, misses the essential point and subjects the patient and himself to unnecessary work and frustration.

The same thing happens to the fruitful concept of anal eroticism when it is applied indiscriminately without convincing evidence from the patient's past and recent history. Anal eroticism is not the only possible source of an individual's orderliness, disorderliness, stubbornness, or attitude toward money. In one case it may indeed be the only source; but in another case there will be an additional source besides anal eroticism; while in a third case anal eroticism has no role whatsoever. I observed (but did not analyze) a patient who embezzled money after his mother made the comment that a smart man in his position could make more money. Embezzling money to please mother was a genital incestuous act. You could have found anal erotic trends in this man as in any other person, but this finding need not indicate that the objectionable act was done on the basis of repressed anal eroticism. In another case the attitude toward money originated, by identification, from dishonest conduct of the father. I have known several patients in whom the anal trend was solely due to anal eroticism, but also many in whom it was not.

4. A neurologist in the course of his analysis mentioned that several times in his early youth he had been close to fainting when he saw an injection being given with a syringe. 'Naturally', said the patient, 'this is a reaction to repressed passive homosexuality'. This may be true or it may be false, depending on the case. As a matter of fact, this patient had shown such trends but his reaction to the needle, his inclination to faint, was due to castration fear and not to repressed passive homosexuality. In one case the patient may offer a pregenital interpretation in order to avoid investigation of a genital problem, in another the reverse may occur.

5. Freud has emphatically warned us to be careful about interpreting a fear for somebody's life as a death wish. It may be a death wish, but in many cases it is not. Here are two instances. A male patient was waiting for the analyst to call him into his office. The analyst was delayed for two or three min-

utes. When the session began the patient said that the delay had made him very anxious: he had conceived the idea that the analyst had died of a heart attack, which would be a tremendous blow as he would lose his analyst and would need to continue with someone else. Was this fear a disguised death wish? On the basis of what he had read, the patient suggested the possibility, but he believed that something else lay behind the idea. He was right. Interpreting it as a death wish would probably have produced supporting evidence; after all the wish for the death of a person one is close to is not unusual. But this does not mean that such an interpretation is correct. In our case it would have been wrong to give such a blanket interpretation. It turned out that the patient's idea was due to a sense of guilt which appeared in the form of a feeling (as it does in many other patients) that fate was against him. It was a form of castration fear. His punishment was greater if somebody other than he himself had to die for his guilt. The castration fear was expressed in a disguised way: he would lose his analyst and suffer great, almost irreparable, hardship through his death. At this point in the analysis it would have been an error to interpret the painful idea as a death wish or as a sign of ambivalence toward some important person.

A male patient, coming to a session in winter, had on two occasions two painful ideas. He thought that he might have an accident which would prevent him from arriving home on time, causing his wife to suffer because she would not know where he was, and even making her think that 'something' (usually meaning death) had happened to him. The second painful thought was that his analyst would slip on the icy steps leading to his office, break his neck, and die. The first fear indicates that the second does conceal not a death wish but something else. His analysis disclosed that he was suffering from strong guilt over masturbation; he supposed that the masturbation made it impossible for him to make his wife happy. A great number of defensive symptoms made it impossible for him to have a happy emotional relationship with his

wife. The punishment for masturbation (as in the previous case) was that he become the cause of the sufferings and frustrations of another, a beloved person. He did not deserve to be cured. One way of not being cured would be through the death of his analyst. An interpretation that he wished that his wife would suffer or his analyst die would have been wrong and useless, for it would have missed the main point—the resistance against being cured, due to guilt.

6. A woman after the birth of her first baby developed the fear that she might kill her child and therefore avoided going close to it. The woman had a tremendous fear of mice. When eating she felt like a cat killing and devouring a mouse. She said that shortly before her illness began she had seen a movie cartoon: a mouse was stepped on and killed; its insides, 'a whitish material', came out; mischievous boys threw this whitish material on passers-by.

The interpretation of her therapist, a psychiatrist, was that the mouse symbolized the penis, the white matter, semen. This was a baseless blanket interpretation. The fact that some women are afraid of mice and climb upon a chair allegedly to keep their skirts together for fear that the mouse will run under their skirts is not justification for interpreting the mouse as a symbol of the penis. The mouse may indeed symbolize the penis; but in this and most other cases it does not. In my paper, *Fear of Mice* (3), I showed that the mouse (especially the dead mouse, which is usually more feared than the live mouse) may represent castration fear, the baby, or the self, but mainly strong aggression: it is a fear not *of* but *for* the mouse. The appearance of a mouse immediately stimulates the idea of killing it. Anxiety appears as a defense against this impulse.

7. A recently married young patient dreamed that a front tooth had been broken into pieces; she was very much upset. She at once interpreted the dream as representing castration fear, the castration complex in women, and resentment that she had no penis. She admitted that this was book knowledge; she could not back up her interpretation with any feeling. The

patient had, in the course of her analysis, mentioned that at one time she had wanted to be a boy and had been in rivalry with her brother. Nevertheless, at this stage of the analysis, her interpretation was a blanket interpretation and its acceptance by the analyst would have been in error, enforcing resistance and causing loss of confidence in the analyst and in analysis. The truth of the matter was that the day before the dream the patient had had an argument with her husband and had worried that because of her neurotic condition her marriage might be 'broken up'. The tooth, broken to pieces in the dream, expressed this worry and concern. Marriage is a close tie; teeth are close together. Marriage is a conspicuous, public affair, 'it is in the front', and breaking it up is a painful social blow.

8. To many men there occasionally occurs a dream in which the dreamer finds himself in bed with a woman, makes love to her, becomes aroused, and on starting to have sexual intercourse notices to his great disappointment that she has a penis, making intercourse impossible. The woman shows no other trace of masculinity; she is otherwise a complete woman. The dreamer either loses his erection because of this disturbing discovery, or, being much aroused, has a seminal discharge. (I have never heard a corresponding dream from a woman.)

Analysts and others often, when such a dream is presented, fail to make use of what they have previously learned from the patient or from the associations to the dream, and make the mistake of interpreting it as a sign of latent homosexuality. When the patient refuses to accept this statement, they declare that his resistance does not permit him to recognize his latent homosexuality. The truth is that the dream may not arise from pathogenic latent homosexuality. If, in the course of the analysis, there has been evidence of latent homosexuality, then both analyst and patient may feel sure that such an interpretation of the dream is correct. But they may, nevertheless, be mistaken, for even if the source from which the dream originates is one of many that could lead to latent or overt homosexuality, the dream thought does not express the wish that the dreamer

might have sexual intercourse with a man instead of a woman.

The dream expresses the castration complex of the dreamer: he loves women, he is aroused by the woman he is in bed with, but he is horrified at the sight of the female genitals. Her lack of a penis reminds him of the fear that such a lack is possible even in him, reminds him that he could be castrated like a woman. To solve his dilemma he places a penis on the female genitals. Thus he tries to overcome the castration fear and become able to have intercourse with her. But despite this he fails because the castration fear is too strong to be removed by such an illusion: the act cannot be performed; the sexual excitement leads to seminal discharge and orgasm, but union of the genitals does not take place, the penis does not enter or touch the 'dreaded and horrifying place'. It was Freud who through his explanation of the Medusa's head made it possible for us to understand such a dream (5, 6).

9. A woman with guilt feelings about sexual activities in her childhood made her husband promise at their engagement that if, after they were married and had children, she should die he would select a certain type of woman as his second wife and as the stepmother for their children. After being married and having children, she developed obsessive ideas, 'What if my husband should die?', or 'What if my children should die?', or 'What if they all should die?'. The patient urged me to explain these thoughts. I replied that because of her sense of guilt she felt that she did not deserve happiness, that she thought that she never would be happy and healthy and, therefore, she should not have married at all. The patient, who was remarkably improved, said, 'I thought you would say that I wished my husband and my children to die'. I asked, 'Why should I have given such an interpretation?'. She answered: 'Because I read that when you are afraid of something it means you wish it to happen'.

Do such thoughts necessarily constitute a wish? Not at all. They indicate, rather, the patient's failure to overcome the sense of guilt that made her feel that she did not deserve to

have a husband and children. If they all were to die she would not feel that she had something good she did not deserve.

10. This patient was well-read in psychoanalytic literature when she entered treatment and was at first prolific in producing the most startling blanket interpretations. Later in her analysis, she made a strange slip of the tongue. She professed herself an ardent admirer of her son. When he married she was unhappy. She became more unhappy when she learned that her daughter-in-law was pregnant. Discussing this matter during one of her sessions, instead of saying that X (her daughter-in-law) was pregnant, she used the name of her son, saying *he* was pregnant. Her interpretation, which I accepted, was that she wanted to express the idea, 'it is impossible that she should be pregnant' (because the pregnancy was intolerable to the patient), 'as impossible as that a male should be pregnant'. Had she not been 'cured' of making blanket interpretations she would have said, without conviction, that, for example, she wanted her son to be a girl, then that she wished she were a man and could have a child by her son. But Freud taught us in *The Interpretation of Dreams* that in dreams and in neurosis a denial is often expressed by an absurdity.

SUMMARY

Blanket interpretations are likely to be incorrect or, at best, technically inappropriate. They are likely to be offered by therapists untrained or insufficiently trained in analytic technique, and they are best avoided because they usually serve the analysand's resistance to the analysis.

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SOME AFFECTIVE MEANINGS OF DIZZINESS

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Vertigo is a common symptom of neurosis. Fenichel (4) stated that vasomotor disturbances, frequent among the manifestations of affects, are channels for emergency discharge whenever direct motor activity is blocked. He further stated: 'Often sensations of equilibrium . . . become . . . representatives of infantile sexuality in general. Many persons who have no conscious memory of having masturbated as children do remember various games and fantasies involving the [position] of their bodies in space, . . . changes in the size of their bodies, . . . ideas [that] their beds [are] being turned around, or of still more vague sensations [that] "something is rotating".' Federn (3) traced anxiety about disequilibrium to repression of more archaic pleasures. Freud (7) was the first to discover a relationship between infantile sexuality and the erotization of equilibrium.

Others have discussed vertigo primarily in terms of its pre-genital aspects. The dizziness of Bacon's patient (1, p. 134), for example, was related to a conflict between oral receptive needs and his compensatory striving for independence. This forty-year-old man would become dizzy after some such receptive pleasure as reading, 'dizziness apparently being an expression of his infantile desire to return to the dependent state of the infant who cannot maintain its balance without the help of others'. Ferenczi (5, pp. 239-242) ascribed the dizziness of a patient to his unwillingness to give up the gratification of feeling passively loved by the analyst. French (6) noted this symptom in a patient who wished to be carried about in his mother's arms, and it represented a dependency conflict.

There is great vagueness about what 'dizziness' means unless a patient is asked in detail about his symptoms. Neurologists

define vertigo as a consciousness of disordered orientation of the body in space (2). The patient experiences a sense of rotation of his body or of his surroundings. In the latter, the external world may seem to move, usually in a rotatory fashion though sometimes other forms of movement such as oscillation are described. He may have a sensation of falling, or the sensation of movement may be referred to a body part, such as his head; his lower limbs may seem to be poorly coördinated. Vasomotor disturbances including pallor, perspiration, tachycardia, hypertension, nausea, vomiting, and diarrhea are common.

Dizziness usually appears either as a transient state or an incidental finding. Among three patients in psychoanalysis, the first gave a history of vertigo during adolescence; in the second case it was present only as a transference symptom; in the third, it had been diagnosed as Ménière's disease.

The first patient was a twenty-four-year-old single woman for whom life had 'little meaning', but who was not clinically depressed. She was attractive, had lovers, but became attached to none of them. She led an active social life, had a variety of intellectual and other interests, and was financially independent. Still, she gave the impression of having had an intense inner conflict which almost completely depleted her energy.

She was the only child of an erratic, alcoholic father and a sympathetic but ineffectual mother. Her father could be very charming and understanding and showed considerable solicitude when he was sober or when he felt guilty about his behavior. His actions bordered on seductiveness. In the middle of the night he would come into her bedroom and sit on her bed just looking at her. If she acknowledged being awake, he would engage her in light banter. Her reaction to this peculiar nocturnal habit was a mixture of fascination and repulsion, the latter especially when she detected the odor of alcohol on his breath.

Her memories of family life were dominated by recollections of parental quarrels during which her father not infrequently

became physically abusive. Her mother repeatedly threatened to leave him, but the patient soon learned that these were meaningless gestures. Whenever the patient became angry about her father's behavior, he would then turn against the child and beat her, the mother making a feeble attempt at what was at best a token interference. Unlike her mother, the daughter fought back and tried to avoid getting hurt. There were times when the father would chase her around the house or try to break down the door of the bathroom in which she had locked herself. She would either wait for him to fall asleep or spend the night at a friend's house. The patient learned to expect no protection or effective support from her mother.

Coincidentally with the menarche in her fourteenth year, she developed an interest in theatrics, and discovered that her absorption in acting protected her from feeling as distressed as she had been. She was told she had talent for acting, with a realism and sensitivity that were unusual for an amateur. To her it now seemed that her real feelings were expressed on the stage and all other feelings she experienced were synthetic. She was aware of some purpose in this arrangement. On the stage she could anticipate what would happen and allow herself to react; the unpredictable threatened to overwhelm her. It was during these initial experiences on the stage that she first became dizzy. The following is a typical situation.

At seventeen, during a party, she persisted in exploring a young man's wallet despite his agitated protestations. That she discovered what she was seeking is attested by her seeming belated recognition that she found and displayed a condom, whereupon she felt dizzy. Other episodes of dizziness, not so well recalled, were inferentially associated with a similar state of 'surprise'. In each, it was clear that unconsciously she was expressing an exhibitionistic or voyeuristic impulse that her ego could not suddenly assimilate. Whenever she suddenly had a precipitous surge of sexual feeling, when her usual defenses were not mobilized, she did not know which way to turn and experienced the sensation of dizziness. When she approximated

gratification of her genital sexual needs, her fear of being suddenly overwhelmed disappeared.

A second patient's dizziness occurred only in the transference. She was a thirty-year-old unmarried high school teacher in treatment because, although she had numerous women friends, men seldom paid any attention to her. She had a natural bent for many sports and although she was proud of her skill, she had come to realize that it served to keep away men who did not like being beaten by a woman.

An only child, she had been reared strictly by possessive parents. Her father she described as a martinet and a petty tyrant about the most trivial matters. She was, however, able to fight with him and often won the argument, at which point he would walk away in disgust. The mother was stingy, suspicious, and taught the patient that all men were stupid and not to be trusted. She often told her daughter in detail the suffering she had endured from intercourse on her wedding night.

At twenty-three the patient had considered marrying a man who seemed eminently suitable, but both parents were so bitterly opposed that she broke the engagement. Her intense hostility and consequent feelings of guilt kept her helplessly bound to her parents. She seemed to be perpetually seething with rage, some of which she discharged in competitive sports, mercilessly beating her opponents, male or female. The patient gradually became aware of her pugnacious attitudes. She found it easy to express her rage at her father, but it became apparent that her anger toward her mother was far more intense. She reconstructed from memories that her mother had inculcated the belief that to be a woman was a painful degradation.

Finally, after a bitter struggle with her parents and her conscience, the patient moved into an apartment of her own. At this point she had homosexual dreams which revealed that her masculine identification served as a defense against destructive heterosexual feelings. Her concept of the sex act was one in which she would be killed.

One day she reported the following dream: 'I was in a party dress. It was a beautiful day. A man in a gray suit came to me and we walked together. All of a sudden the sky became dark with black clouds. I was frightened.' She awakened feeling that she had had a nightmare.

The evening before she had been at a dance and for the first time seemed not to frighten men away. In fact, a rather attractive man had been with her most of the evening. During one of the dances he led her to a dark corner and suddenly pushed his erect penis against her. Although initially she had felt that the dream was innocuous, she had repressed the experience with the man at the dance, and she recalled it with considerable resistance as an association. She then remembered that I frequently wore gray suits. As soon as she became aware of the connection between me and the man in her dream, she was overcome by a feeling of dizziness; she felt that the room was spinning and the couch turning. These sensations lasted for approximately thirty seconds, and she then composed herself.

The patient continued her associations but made no further comment about the dream. When I questioned her about what she had said regarding my wearing gray suits, she was unable to recall that she had said so. I then quoted what she had said and went on to add that I was the man in the dream. At this point she was again overcome by the sensation of vertigo, this time more intense and lasting perhaps twice as long. After recovering, she had repressed the whole dream.

That the erotic transference was only slightly disguised gave the dream its nightmare quality. Subsequently, each time her associations or the interpretations led her to an awareness of her sexual transference, she reacted with dizziness. Her ego was unprepared to cope with the forbidden wishes of her œdipal conflict. Her ego for the most part was able to keep potentially dangerous sexual impulses repressed. It was during the transference neurosis, when œdipal feelings were intensified and breaking through the bonds of repression, that she first experienced vertigo. The wish to have a child by father then became

apparent, and the process of childbirth, or the possibility of her having children, was considered unconsciously as so dangerously destructive to her that at first it led her to the verge of panic. Later in the treatment all such reactions disappeared.

The third case, a forty-year-old woman, had an intensification of phobic symptoms that she had had in a milder form as long as she could remember. They included fear of the dark, of going out on the street alone, of shopping, of going to the dentist, and a general insecurity in her object relationships. It proved that she was presently more anxious and depressed because her husband had recently begun having friendly relations with his first wife.

Born in Russia, the first of two children, she had experienced innumerable hardships in childhood. She recalled pogroms during which her parents took elaborate precautions that the family might survive. When she was nine years old the family emigrated, and the enterprising father established himself successfully in business. She felt that she was his favorite child, and idealized him. He was unpredictably kind and gentle, or erupting in fits of anger. More disturbing to her was his impulsive seductiveness which would occur when she least expected it. While he was being unpleasant to everyone in the house, he would suddenly seize the patient, draw her close to him, and sometimes kiss her fully on the lips. These vagaries kept her in a state of vigilant tension. She dared not be caught unawares. At adolescence she had become so keenly sensitive and alert that it would be impossible to face her with an unfamiliar or an unanticipated experience.

Later she was employed with success as a secretary. She felt sufficiently secure in a routine with a friendly middle-aged employer—the father of a family—whom she admired that for ten years she devoted herself almost exclusively to her work. She was at this time a virgin thirty years old. One evening, when she had worked late, her employer proposed marriage to her. She had to grip the table for fear that she would lose her bal-

ance and fall to the floor. She felt that the room was whirling around furiously, and she was nauseated. Thereafter these sensations recurred periodically, often lasting as long as several hours and accompanied by tinnitus. Medical consultation established a diagnosis of Ménière's disease, though she was considered somewhat young for this syndrome. Tests indicated a slight loss of hearing. Treatment for an allergy was instituted, and she improved. She gave her employer no definite answer to his proposal, and he did not press her, presumably because he was not divorced.

A month later he had intercourse with her. The patient believed she was taken completely by surprise. Consciously she was not displeased by this event. Soon following, however, she had a sudden severe attack of 'Ménière's disease', and her various phobias became defined. During the two years that her sexual relation with this man continued, she came to note a relationship between some of her attacks and sexual intimacy.

Ultimately married to her former employer and mother of a child, she continued to be haunted by feelings of guilt. Symptoms of vertigo and phobia continued although to no degree of disabling intensity. She was aware, she said, of a certain 'strange sensation of surprise' whenever her husband made sexual advances, which she defined as guilt and a vague sense of uneasiness. Still employed in her husband's business, she tended to consider her relationship with him as it had originally been. It transpired that whenever he made love, she was repetitively 'shocked and surprised'. This eventually irritated her husband and he began to see his first wife again. The patient felt that she was now being punished for her illicit relationship with him. She was frightened and depressed.

DISCUSSION

The similarities among these patients are an intense need—engendered by early experiences—to suppress and repress responses to hypercathectic stimuli. They tried to control their feelings; they attempted to avoid situations where there might be

undue stimulation. Their childhoods were highly emotionally charged with experiences with their fathers. They strove consciously to avoid any life experiences which would re-create these past traumata. Because intense affects were so painful, they had developed attitudes of preparedness to meet any situation without being overwhelmed. Consequently they lived in a state of extreme caution, anticipating any contingency. Their repetitive compulsion was to plan their lives so carefully and categorically that their object relationships would not catch them unawares; otherwise a delicate balance would be upset. These features are closely related in each instance: strict self-control by constant vigilance; powerful repression.

These three patients were, of course, sexually inhibited. This was not so obvious in the first patient. But in her case she was frigid and sexual relationships were meaningless. All three patients developed symptoms when they became aware of genital sexuality, either in reality or in the analytic transference.

There were also similarities of instinctual patterns. Each of these patients had repetitively seductive experiences with their fathers and were prematurely sexually stimulated. They were both fascinated and repelled and, according to the well-known reaction in such instances, they believed sexual relationships to be brutal, violent, destructive experiences for a woman. The symptom of dizziness occurred when there was a consciously unexpected stimulation of sexual feelings.

Greenacre (8, 9) discusses sexual traumata and precocious sexual stimulation in the first two years and in the prepuberty period. In each instance she notes particular somatic reactions such as visual disturbances and headaches, as well as specific character defenses such as 'masochistic justification for a defense against sexuality'.

However, what seems to have been specific for the evocation of vertigo in these instances is not simply a sexual conflict, but the way the ego may react momentarily when it is overwhelmed by a precipitous surge of previously well-repressed impulses which in these cases happened to be sexual. This occurs in an

ego that has been rigidly disciplined to anticipate such stimuli. Why the repression that had previously functioned so well should have become weakened is determined by individual case study.

SUMMARY

The symptom of dizziness in three women is found to have similar ontogenetic influences and closely allied precipitating factors. Characterologically, these patients had many similarities. These women had been precociously sexually stimulated and their constantly vigilant egos tried to be prepared for any situation that might lead to sexual excitement. The three patients developed sensations of dizziness in response to unexpected sexual stimulation. The symptom, in each instance, was correlated with a disturbance of psychological equilibrium.

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RESEARCH INTO THE PROCESS OF SUPERVISION IN PSYCHOANALYSIS

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Discussions of the process of psychoanalytic supervision usually focus on its role in the education and therapy of the student who is conducting the analysis. This involves the reasonable assumption that the therapy is enhanced by the supervision which the training analyst exercises over the work of the student. It also assumes that in the course of educating the student analyst, the supervisory process will provide an important therapeutic experience for him, and indeed this occurs with sufficient regularity to illustrate the fact that in psychoanalytic training the processes of therapy and of education are interwoven. I am emphasizing at the beginning the virtues of the supervisory process (i.e., that it both educates and treats the student, while at the same time making possible the analytic treatment of many patients who could not otherwise be reached), because the remainder of this communication considers only the scientific defects of the process and how we can study them.

The many discussions of these problems have been limited to making clearer formulations of unsolved questions. The answers to these questions can be found only by direct investigation. Some will object that merely to observe so subtly balanced a situation as the supervisory process will distort it. This is true; but it is equally true in varying degrees for all research. We cannot observe anything without altering it, whether in nature or in the laboratory, whether under a microscope or in a test tube. Yet the fact that one cannot determine the velocity of an electron without altering its position, nor its position without altering its velocity [Heisenberg's Principle of Uncertainty], has not prevented progress in electronics. The art of scientific research consists in reducing such distortions to a minimum,

and in attempting then to hold this irreducible minimum constant in kind and in degree. Only in this way can we estimate what distortions have been introduced and how to make appropriate allowances for them.

The investigation of the process of analytic supervision cannot avoid distortions. We can hope only to limit these and to make them relatively uniform. Since this principle is equally relevant to research into all other aspects of the analytic process, experience with research in the supervisory process should facilitate general investigations of the psychoanalytic process as a whole. In addition to these collateral gains, the study of the supervisory process is essential for its own sake. It is an implicit denial of all that an analysis has taught us when we pretend to ourselves that a student's report to his supervising analyst can provide a true and representative sample of that which has actually taken place in the analytic sessions which he is attempting to describe. In making this assumption analysts have, with curious naïveté, overlooked the fact that the supervisory procedure creates a situation which contravenes basic analytic principles concerning the processes of perception, of free association, of self-observation, of recording, and of recall. Consequently the student who pleases us by the facility of his reports is usually less perceptive and less accurate than is his more labored and more conscientious confrère, who stirs us to impatient criticism.

The reasons for this should be self-evident. It has long been known that it is difficult to retain a stream of nonsense syllables, whereas if the same number of syllables are organized into a sentence they will be grasped and remembered as a single unit. The same fact limits our capacity to record and recall a stream of free associations. Furthermore, we know that perceiving and recording, and then recalling what has been recorded, involves three linked processes, each step of which operates selectively on conscious, preconscious, and unconscious levels under the influence of conscious, preconscious, and unconscious emotional forces. It is hardly necessary to argue that

highly charged emotional forces are at work on all levels during the analytic sessions which are conducted by every student analyst. It should be equally self-evident that when the student subsequently confronts his supervising analyst he enters into another relationship which is equally highly charged, but in a contrary way. The student knows that his supervisor is assaying both his psychological health and his competence on the basis of his account of everything he has done and said or omitted in the analysis. Therefore in his supervisory session he must attempt to recall and reproduce in as favorable a light as possible the events and interchanges of the analysis. No one has validated the accuracy of the student's reports nor the accuracy of the supervising analyst's impressions of his student's performance. Yet on these imprecise impressions, whose validity is wholly speculative, has depended the success or failure of every student who has gone through the mill since analytic training was formalized. Apart from all deeper and earlier sources of tension over authority, the anticipation of this situation cannot fail to bias not only the student's primary perceptions of what occurs in the analysis he is conducting, but also his recollections and his rendering of them.

Thus whenever a student is conducting an analysis under supervision, that student's anticipations of the emotional stresses, which are bound to occur between him and the supervisor in the supervisory sessions which lie ahead of him, are superimposed upon the continuing emotional interplay between the student and the patient. It is important to realize that this superimposition of the anticipated effects of the future transference and countertransference struggle upon the interplay between the student and his patient occurs not only during the actual supervisory session, but also in anticipation of it. This creates a continuous background of distant and faintly ominous music during the analytic sessions between the student and his patient.

Let us compare what as therapists we ask of our analytic patient with what as teachers of analysis we expect of a student

who may be analyzing that same patient under supervision. We ask the patient to produce free associations; but we do not expect him to recall them. Indeed, whenever a patient recalls his associations with too great precision and completeness, we suspect that his material has been produced somewhat less than 'freely'. On the other hand, we ask a student to record and recall both the patient's free associations and his own, and simultaneously to record and recall the 'how' of their expression, and also to evaluate these, while at the same time he must be responding to the patient's free associations with his own free associations. This is asking him to be free and bound in the same moment of human interchange, something which as analysts we know to be psychologically impossible. The raw material of the analytic process is the continuous interplay between two streams of loosely linked associations, the patient's and the analyst's. The best that any student can do is to leap back and forth from one to another.

As currently conducted, the supervisory process requires that the student must watch himself as well as his patient out of the corner of his eye, while at the same time he is expected to participate freely in this highly charged and loosely linked series of interactions. He must also record all that he observes, and subsequently in the supervisory session he must recall and reproduce both sides of the interchange, unaltered and undistorted by the impact of the fresh emotional forces which are mobilized in the presence of the supervisor. In other words, he has simultaneously to be a free reactor, a participant in a complex emotional interchange, an observer, a recorder, and an objective recounter of this whole intricate chain of events. It is wholly nonanalytic to assume that this is possible.

Instead, what actually happens in the highly charged supervisory session is that the student recalls and reproduces screened, biased, and altered versions of that which had happened in the analysis. The situation in which supervision is conducted constitutes a setting in which the ability accurately and impartially to reproduce what has happened is subjected

to maximal strain. That any student can do this at all is an indirect tribute to something therapeutic that must have resulted from the student's preparatory analysis. To me it has long seemed that any true resemblance between the student's report and that which had actually taken place is almost a miraculous accident. Indeed, it is a constant source of wonder that anything can come of such a procedure as this. The fact remains that it does. I am not depreciating the supervisory system. I am emphasizing the sources of its inherent fallacies. I maintain further that because of these obscurities and fallacies, it is our duty to re-examine it objectively.

How then can such investigations be conducted? The suggestions to be described here are based on two types of experience, each of which has its limitations and defects. Together they demonstrate that these investigations are feasible and fruitful.

Certain work was undertaken at Yale, in which I have not participated directly, that has not yet been reported in full. It was initiated by Doctors Redlich, Sommers, Newman, and Gill, and this brief reference to it is included with Dr. Redlich's sanction. This consisted of a pilot test of a specific technique for the study of the supervisory process.

Full recordings were made of all of the sessions of an intensive psychotherapy that was being subjected to periodic 'supervision', and also of the supervisory sessions. By comparing the two series of tapes, observers could ascertain the extent of the agreement and disagreement between the material recorded at the therapeutic sessions and what was reported in the supervisory session by the student psychiatrist. In the light of any discrepancies, the relevance of the supervisor's comments could then be critically evaluated. The work which has been done to date can be looked upon merely as an initial effort to explore the technical problems. Ultimately a systematic review of such material as this should be of far-reaching value.

One may object that certain biases are implicit in such a study. Even if true, this objection is irrelevant to the ultimate

value of bringing to light the extent of the areas of agreement and disagreement between therapeutic and supervisory sessions. Indeed these are so revelatory as to suggest that routine systematic samplings of this kind might well be incorporated into the educational experience of all students of psychoanalysis. One could hardly conceive of a better way of training supervisors, or of testing their skill, their objectivity, and their capacity for self-criticism.

Of the second type of observation I have had firsthand experience for several years. This began as a system for teaching psychotherapy from taped recordings. It evolved gradually into a somewhat unusual type of supervisory process, which throws light on and challenges our usual procedure.

At Yale for several years weekly seminars on psychotherapy have been conducted for young psychiatrists who are in their second and third years of residency training. These are weekly seminars on the continuing treatment of one patient by one therapist. In each seminar a group of about twelve listens to and discusses the taped recordings of a psychotherapeutic session which had been conducted during the preceding week by one of the group who was working regularly with this patient. Everyone is free to interrupt, to question and argue freely about the taped data, i.e., about the implications of the words, the change in volume, intonation and tone of voice, and the affective attitudes of both patient and therapist. The suggestions, comments, and criticisms of the leader of the seminar are subjected to similar searching criticisms and challenges. Contrary to expectations, instead of being a source of painful embarrassment, the student psychiatrists compete for a chance to present a case because they find that the opportunity to listen to themselves in action and to re-examine the interaction between themselves and their patients is of inestimable value.

The recording machine is in an adjoining room, and the microphone is concealed in a lamp so as not to intrude itself constantly on the patient's associative stream. The recordings are made with the patient's full knowledge that the sessions are

being recorded and that the recordings are for use in a seminar; nevertheless, after the first sessions the patient pays little or no attention to the process of recording. Some months later a few patients have suddenly mentioned with evident surprise they had 'forgotten' all about the fact that the sessions were being recorded.

In sessions lasting between two-and-a-half and three hours we have never covered more than half of any therapeutic session, usually much less, sometimes not more than ten or fifteen minutes. We may take samples almost at random. Or we may compare the beginning and end of one session, or else the opening or closing minutes of several successive sessions. From my point of view as seminar leader, I would prefer fifteen minutes of such scattered samplings from the verbatim recordings of psychotherapeutic sessions to many hours of the retrospective memories of any analytic student, or of any experienced analyst for that matter. Tapes can be obscure; but they never make up anything.

The longer my experience with this form of teaching, the greater has grown my discontent with the usual supervisory session. The analytic reasons for this have been reviewed above; but I must also underscore the importance of the actual experience of listening to the voices of the patient and the therapist. A typescript of the same recording is never as revealing. The subtle changes in pitch and placement of voice, in enunciation, volume and pace, make a running counterpoint to the words themselves, revealing qualities of aggression, fear, petulance, or apology. Not infrequently in the first session and without a list of symptoms or a description of the patient or an anamnesis, we have been able to make a surprisingly accurate guess about the patient's age, personality, and general difficulties just from the voice alone. As one listens one can hear not only the ebb and flow of regressions, with shifting levels of maturity and immaturity, but also the interplay of transference and counter-transference, and whether the dominant theme is one of love or hate or fear or rivalry or emulation or exultation. All of

these are clearly recognizable in the voices as heard. None of this is captured in the words of a typescript.

Even when the student analyst can report accurately on some of these details as they are manifested by his patient, it is impossible for him to note and report such data about himself because it is impossible for him to listen simultaneously to his patient and to himself. Consequently this self-revelation on tape is an aspect of the experience which is particularly salutary and therapeutic for the student, as well as educative. Our usual supervisory technique deprives the student of this healing and maturing experience.

When for the first time a student psychiatrist or an experienced analyst hears himself participate in an interview or a psychotherapeutic session, it is always a surprising and illuminating experience. He hears himself echo the patient. Or he hears himself outshouting or outwhispering the patient, always louder or always softer. Or he hears himself playing seesaw with his patient—loud when the patient is soft, and soft when the patient is loud. Or with surprise and dismay he hears in his own voice the edge of unintended scorn or sarcasm, or impatience or hostility, or else overtender solicitude and seductive warmth. Or he hears for the first time his own unnoted ticlike noises punctuating and interrupting the patient's stream. From such data as this he and the group as a whole learn a great deal about themselves and about the process of interchange with patients and what this process evokes in them in the form of automatic and therefore indescribable patterns of vocal interplay.

They learn also to watch for and to respect the subtle tricks of forgetting and false recall to which the human mind is prone. In one session a young psychiatrist reported that in a previous interview at one point his patient had asked that the recording machine be turned off while he divulged some material which was particularly painful to him. The group discussed the possible reasons for this, basing our discussion on our knowledge of the patient from previous seminars. Then to

check the accuracy of our speculative reconstruction, the psychiatrist was asked to play to the group about five minutes of the recorded interview which had preceded the interruption, and then about five or ten minutes which followed when the recording had been resumed. To the amazement of the young psychiatrist and of the group as a whole, as we listened to the recording we discovered that it had been the psychiatrist and not the patient who had suggested that the recording should be interrupted. Of his role in this, the young psychiatrist had not the slightest memory. Furthermore, as we heard the patient's halting speech, his change of pace and volume, the altered pitch and placing of his voice, it became clear to the whole group that the young psychiatrist's intuitive move had been sound: that he had correctly evaluated the patient's mounting tension and had perceived the need for this gesture of special consideration and privacy. The result was that the patient's rapport was more firmly established than before, to such an extent that the psychiatrist could now recall that it had been the patient who had suggested that the recording be resumed after a relatively brief interruption, and who then, with the machine turned on, had continued to discuss frankly and without embarrassment the material about which he had been so touchy before. The illuminating implications of this episode for the data itself and for the transference and counter-transference furnished the group with material for reflection and discussion throughout the remaining course of the seminars. These could not have been studied without the recording machine.

By means of such free and flexible use of recordings, these young psychiatrists learn to understand their patients on descriptive levels. They also achieve dynamic insights which go far deeper than that. Several experienced analysts, who have sat through such sessions at the start and again toward the end of a series, have commented independently on the fact that, without formal analytic indoctrination, toward the end of the series the men are evaluating free associations and interpreta-

tions and are recognizing the interplay of transference and countertransference forces, all with the sophistication of mature analytic students. The direct confrontation with the unaltered audible recordings of the interaction between patient and therapist brings this insight into focus in a natural and unforced fashion. This is, moreover, insight which penetrates not only into the patient's mechanisms, but also into those of the young psychiatrists. Sometimes the sessions take on some of the quality of a session of group psychotherapy.

Clearly the recorded sessions have multiple educative values. For research purposes such studies of the supervisory process should begin not at the bottom of the heap, but at the top. In other words, they should begin by using a group of senior analysts as the 'students' whose work is to be supervised. It would be well if the first subjects of such experiments were analysts who would not be unduly defensive, and who would not suffer from 'mike fright'. I venture to predict that almost every one of us would find the experience so enlightening that there would soon be competition for the privilege of being the subject.

Such experiments could take many different forms. In one of the simpler designs the subject-analyst would conduct an analysis in a quiet recording chamber for several weeks, during which each session would be recorded. Weekly supervisory sessions with another senior colleague would also be recorded in the same chamber. On the one tape the actual therapeutic session would be recorded. On the other tape would be recorded the retrospective memories of the session as expressed in the supervisory session by the analyst who is conducting the therapy, plus the supervising analyst's impressions. Then a group of experienced analysts could systematically compare the two sets of tapes for the areas of agreement and of disagreement between them. As already indicated, a valuable by-product of the study would be the fact that this would provide material for the study of the analytic process, and would simultaneously constitute a technique for the training of supervisory analysts.

From the point of view of time it is important to note that one would not have to labor through a complete analysis in this way. A few weeks would be enough, nor would one have to review the recordings in their entirety. Samples would suffice, although the whole material would always be available to the study group.

It may not be amiss to point out that it should be easy to secure foundation support for such studies.

SUMMARY

An objective investigation of the process of supervision as employed in psychoanalytic education is urgently needed because of the patently nonanalytic implications of the supervisory process as currently used. Such an investigation would have the additional value that it would throw light on the analytic process itself, and would provide experience in the development of techniques which are essential for future intensive investigations of psychoanalysis. Finally, it would provide a method for screening and training supervisors.

AN APPROACH TO A SYSTEMATIC STUDY OF EGO FUNCTION

BY EDITH SHEPPARD, M.D. AND LEON J. SAUL, M.D. (PHILADELPHIA)

INTRODUCTION

The need for investigating the relationship of ego functions to character structure and symptomatology was stressed by Freud, and more recently by many other psychoanalysts (2, 9, 1, 5, 7, 8). As Waelder (13) said, 'It is one of the tasks of our ego psychology to develop an alphabet of defense mechanisms, a catalogue of elementary responses'. We report here a systematic investigation of ego functions as they appear in the final result of the dream work and elaboration, namely, the manifest dream. The ego gives the unconscious material a shape which is not too unacceptable to the ego (the secondary elaboration) (3). Hence the result, the manifest dream, is excellent for studying the ego activities, especially its unconscious activities.

In attempting to isolate the essential elements of the ego's activities and to classify them, in our study we utilize Freud's formulation of repression (4) by the ego at the behest of the superego; thus we avoid for the present the complication of distinguishing ego from superego functions and examine, as did Anna Freud, the ego and its defenses. We avoid the several uses of the term repression (6) while retaining the premise fundamental to all, that of withholding from consciousness. Traveling Freud's 'royal road' to the unconscious, we explore initially the functions of the ego as exemplified in dreams. Ten categories of ego functions in dreams are differentiated. In each category four subgroups list differing degrees of ego awareness

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in the dream of impulses welling into it. The term 'impulse' describes the urges, drives, needs, or other motivating forces expressed in the dream scene. In general, the more the dreamer portrays his impulses as not being part of himself, the more he may be said to be putting them at a 'distance' from his ego.¹ These initial categories and their subgroups, which represent only a limited portion of the ego's activities, are included in the following 'ego rating system'. All examples are taken from actual dreams.

EGO RATING SYSTEM

Source describes to whom the impulse is attributed in the dream.

1. Ego—the dreamer is the source of the impulse: 'I yelled as loud as I could'.
2. Human—someone other than the dreamer is the source: 'All the professors were eating spinach and peas'.
4. Animate—some nonhuman individual is the source: 'The bears were lying out'.
8. Inanimate—a nonliving agent is the source: 'The building fell down'.

Object describes toward whom the impulse is directed in the dream.

1. Human—the object is a human being other than the dreamer: 'Mrs. J was dying'.
2. Ego—the object is the dreamer: 'I was going to be murdered'.
4. Animate—a nonhuman individual is the object: 'We fed the cats some milk'.
8. Inanimate—the object is a nonliving agent: 'The house burned'.

Completion describes the degree of inhibition of the impulse carried out in the dream.

¹ We have used the term 'distancing' to describe the degree of removal from consciousness in the dream.

1. Completed—the impulse is carried through: 'I nailed him to a door'.
2. Incompleted—the impulse is in the process of occurring: 'Mrs. J was dying'.
4. Contemplated—the impulse is considered: 'I wished I was home'.
8. Denied—the impulse is negated: 'The city police were not injured'.

Participation describes the degree to which the dreamer portrays himself, his own ego, as involved in his own impulses.

1. Experienced—the dreamer experiences the impulse himself: 'I ate a piece of cherry pie and watched TV'.
2. Secondary participation—the dreamer shares in the impulse with others: 'I dreamed we took a boat for Bermuda, my husband and I'.
4. Observed—the impulse is observed in others: 'I saw a procession of nuns carrying a casket'.
8. Reported—the impulse is reported in the dream: 'My sister called me urgently from downstairs to hurry down; that my brother was going to be married'.

Expression describes how the impulse is conveyed in the dream.

1. Feeling—the impulse is expressed through feeling or ideation: 'I was very frightened'.
2. Conversation—the impulse is expressed through talk that occurs in the dream: 'She told me she was in love with someone'.
4. Action—the impulse is expressed through the action in the dream: 'Wild animals were chasing me'.
8. Character, setting—the impulse is expressed through the characters or setting of the dream: 'The man was a robber'.

Resolution describes the end result of the impulse.²

1. Gratification with pleasure of socially acceptable drives—

² This category is in the process of being reduced to its components, divided into several categories, and brought into conformity with the rest of the scale.

the impulse is considered desirable and is gratified: 'I had a good time at the party and talked with everyone'.

2. Lack of gratification, or gratification with anxiety of socially acceptable drives: 'I stood in line at the cafeteria. When I got to the counter the cherry pie was all gone.'

4. Gratification of unacceptable drives with anxiety or lack of gratification of socially unacceptable drives—an impulse ordinarily considered socially unacceptable is gratified but the dreamer experiences anxiety, or there is lack of gratification of a drive ordinarily considered unacceptable: 'We were afraid she was being eaten by a bear. When we got home there she was sitting on the steps.'

8. Gratification of unacceptable drives—an impulse ordinarily considered unacceptable is gratified: 'I nailed him to a door. He felt no pain.'

Logic describes the logicity of the dream story.

1. Logical—the dream story is told in a logical and coherent manner.

2. Ambivalent—the dream story contains opposite feelings about the same event: 'A terribly deformed boy was making love to me and I didn't mind'.

4. Disconnected—the dream story is told in a disconnected fashion: 'I never got hit by the train but I had some close calls. There were people repairing oboes.'

8. Irrational—the dream story is told in an irrelevant, incoherent fashion: 'Cars were going by and I tried to stop them. There were steps around somewhere. Then I was in a car. The windows in back were broken so that they couldn't be closed and the rain kept coming in. Two dogs kept coming out of the steering wheel at me.'

Reality describes how the dream story corresponds to everyday realistic events.

1. Realistic—the dream story is concerned with realistic problems: 'I was at work having trouble with my boss'.

2. Possible—the dream story relates events that are possible in

reality though not probable: 'I was in a health classroom and saw one of my old teachers'.

4. Impossible—the dream story relates events that are not possible in reality: 'I was flying and I couldn't get down'.

8. Bizarre—the dream story relates events that are unrealistic and bizarre: 'There were veins standing out on the left side of my chest. They were all studded with rhinestones and sequins. It was painful. Then they decided to tie them up and it was really painful and I woke up.'

Body Image describes the health of the people pictured in the dream.

1. Healthy—the human beings described in the dream story are in good health.

2. Ill—the human beings described in the dream are ill: 'My neighbor was sick'.

4. Mutilated—someone in the dream story is mutilated or critically ill: 'Mrs. J was dying'.

8. Bizarre—animals or bizarre creatures are described: 'His tongue was hanging out and seemed to be lying on the pavement'.

Interrelationships describes how the dreamer pictures relationships with others.

1. Interpersonal—the dream story describes people in a give-and-take relationship with each other: 'A neighbor lady was sick. My husband and I went down to her home to help straighten out her house which was a mess.'

2. Imitation—people in the dream imitate each other or accompany each other: 'I was in a car with other people. I was trying to get here on time but we just seemed to be driving around.'

4. Narcissism—the dream story describes an individual unrelated to others: 'I was in a grocery store buying all kinds of foods . . . sweets and all kinds of good things to eat'.

8. No relationship—the dream story is devoid of human re-

lationships: 'The island was made of ice. There were sharks frozen inside the ice.'

USE OF EGO RATING SYSTEM FOR QUANTIFICATION

Since psychoanalysts must constantly estimate the 'amounts' and 'degrees' of the forces of the personality, it appeared appropriate to test whether the ego rating system might have quantitative applications. We have experimented with many different methods of applying the system to dreams. Several of the mechanical features incorporated in the current ego rating system are thought to contribute substantially to its effectiveness as a measuring device. Included among these features are the following: *a.* The entire dream story is examined for ego content. *b.* The ego functions are rated independently of id drives. *c.* Each category of ego functions is scored for as many degrees of 'distancing' as evidenced in the dream; i.e., four possible scores. *d.* A second or repeated use of a subgroup is not scored. *e.* The subgroups are designated by the numbers, 1, 2, 4, and 8. The numbers in this geometrical progression not only indicate varying degrees of 'distancing' but also render the subgroups accessible to any changes that might be dictated by further evidence collected from dreams. As the scores of the subgroups are added up for each category, the resultant sum readily demonstrates its component parts: i.e., a category score of 1 would be composed only of subgroup 1, a category score of 3 could be composed only of subgroups 1 and 2, a category score of 5, only of subgroups 1 and 4, etc. *f.* The total score of all the categories is also computed for each dream. The comparison of the total scores of different dreams is facilitated by the fixed total score range of from 10 (score of 1 in each category) to 150 (score of 15 in each category).

PRELIMINARY TESTING OF THE QUANTITATIVE USE OF EGO RATING SYSTEM

The quantitative use of the ego rating system was subjected to preliminary testing (10, 11). An unmatched sample of twenty-

two dreams, ten of which had been obtained from eight psychotic patients and twelve of which had been obtained from eight employees of an industrial firm, was subjected to the ego rating system by two psychiatrists and one psychologist. Although a group of experienced psychoanalysts had been unable to distinguish between the dreams of psychotics and nonpsychotics by clinical inspection, the scores on the ego rating system did sharply differentiate the two groups. The dreams of the psychotics scored higher for each category and for the total rating system. Moreover, the dreams of the psychotics had a higher number of different scores for each category than did the dreams of the nonpsychotics. The three judges using the system rated the dreams similarly. The total scores for the psychotics ranged from 53 to 106 with a median of 74; for the employees the range was from 19 to 44 with a median of 31.

The rating system was also applied to twenty-six dreams obtained from twenty-two incarcerated criminals. The total score range on the dreams of these subjects was from 22 to 86 with a median of 42.

Thus the psychotic ego demonstrated greater variation in the number of defense mechanisms used in the manifest dream than did the nonpsychotic ego. The greatest amount of 'distancing' (highest scores) was shown by the psychotic, the least by the employees, while the scores of the criminals fell midway between.

DISCUSSION

Despite the fact that the arrangement within the categories was based on a study of hundreds of dreams from patients with varied illnesses, and was guided by a group of psychoanalysts, the question which of the subgroups represents greater 'distancing', although obvious for some categories, is not easy to decide for certain others, especially for Expression, Resolution, and Body Image. Some of the implications to be drawn from this study about the relations of 'impulse' and 'distancing' to various dynamic and structural concepts of the ego will be

reported later. As psychoanalytic interest has expanded from repressed content to the ego's handling of the repressed, it has become evident that these ego activities can properly be studied wherever they appear.

We are, of course, thoroughly cognizant of the necessity for fully understanding a dream and for its use in therapy, to have as complete a reconstruction as possible of what Freud called 'the psychic situation' of the dreamer, as well as extensive associations in order to reconstruct the latent dream thoughts. Certainly today students of psychoanalysis are well enough informed not to be misled in their therapy if we use the manifest dream for scientific studies. The manifest dream itself is an important subject for research. We will not digress further in this short paper except to remark that any analyst who reviews a series of perhaps ten manifest dreams of each of a few of his patients will readily see how revealing and how characteristic they are and how certain patterns and themes and ways of dealing with impulses recur and show through the varied subject matter (12). A large series of manifest dreams, like a few dreams with full associations, brings out a great deal about the ego's defenses, as has been shown in the differences in the dreams of our 'normal' and psychotic groups. For methodological reasons, these ego functions are approached as they are seen to operate at the highly important level of the manifest dream, and then a comparison is made of these ego functions at deeper dream levels and in waking life.

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A SPECIAL MECHANISM OF PATHOLOGICAL WEeping

BY PIERRE LACOMBE, M.D. (NEW YORK)

Phyllis Greenacre has described clinical observations of pathological weeping.¹ She points out that she limits herself to those cases in which the weeping is related to 'underlying disturbances of urination'. She found that pathological weeping in women is of two types, both representing a displacement upon weeping of the urge to urinate. In one type, the woman weeps 'in anger and in partial resignation because she cannot approximate male urination'. The other type is 'a substitute for male urination'.

A different cause and mechanism of pathological weeping came under my observation during the psychoanalytic treatment of a woman whom I shall call Laura, a severe 'border-line' case whose main symptoms besides the pathological weeping were constant depression, severe compulsive ideas of killing her family and herself, and frequent murderous threats and phenomena of depersonalization.²

During Laura's treatment there developed a neurodermatitis of unheard-of severity, described by the patient as driving her mad. No dermatologist could find its cause or in any way relieve it. Analysis showed that her skin was of fundamental importance in her bond with her mother. Laura could not live, as it were, unless she put herself into the skin of her mother or mother images, or fused her skin with theirs. All the patient's relationships with the people who surrounded her,—the most important of them being the analyst, a mother image,—were nothing more than skin relationships. In her own words,

¹ Greenacre, Phyllis: *Pathological Weeping*. This *QUARTERLY*, XIV, 1945, pp. 62-75.

² This case is more fully described in my forthcoming paper, *The Skin in the Child-Mother Bond*, to be published in the *International Journal of Psychoanalysis*.

'to be in one's skin is to be in mother's skin; to be out of one's skin is to be out of mother's skin'. Indeed, her desire to be in her mother's skin, and to be there alone, was coupled with a strong wish to eradicate her brother, regarded as a blackhead to be expelled at any cost from that skin. Her symptoms, as well as her behavior, could be clearly explained by this psychic structure; all were in various ways reactions to the loss of the vital mother-skin.

Laura's pathological weeping was another expression of her longing for return into her mother's skin, and it had a hidden connection with the emotional function of the skin. This is how she described her weeping: 'I wept and wept and wept cupfuls. Tears came from all sides of my eyes, not tear by tear, but by streams. They ran on all the sides of my face, nose, jaws. I wept rivers.' This river-weeping appeared spontaneously and was remarkable not only for occurring unaccountably, without provocation ('Tears, idle tears, I know not what they mean', as Tennyson wrote), but also for its emotionless quality. One is reminded of another line, by Elizabeth Barrett Browning, 'I tell you hopeless grief is passionless'.

This pathological weeping had greatly increased since Laura's marriage, which meant to her not only a point of no return but also her 'emotional death'. Analysis showed that her husband was not the man she wanted. She loved and wanted to marry another man who had also wanted to marry her, but, because that man was a perfect mother image, she had to repress her feelings and to reject him, as she had rejected her mother, on account of guilt. Naturally, Laura repeated her pathological weeping in the transference.

As Laura little by little became aware of her strong drives toward her mother, whom she thought she had always hated, she had a dream, striking by its conciseness and its beautiful images, which shed light on the meaning of her pathological weeping and also on the connection of this pathological weeping with the emotional function of the skin.

In the dream Laura is with her mother in a French shop,

examining a tablecloth with a tricolor design of a pearlike fruit. What is essential in the dream, according to Laura, is not the pear itself but the contour of the pear,—the hairline contour of it, she insists. She is wondering whether she is going to buy the cloth or not. In association she says that the French shop, the tricolor feature of the design, are references to the French analyst. (The analyst is clearly the projection of Laura's mother, who is behind her in the dream.) And what she calls the essential feature of the dream, the hairline contour of the pearlike fruit, brings to her mind the skin. The contour of the skin, she adds, brings also to her mind the contour of the porcelain lamp on the analyst's table and the contour of a pearlike breast; then, after a pause charged with intense emotion, Laura whispers, 'which is also the contour of a tear'. The question whether she is going to buy the cloth or not is, she says, 'my trouble in a nutshell; it is my to-be-or-not-to-be question'.

Therefore Laura's problem is to get, or rather to 'get into', the vital object she points out in the dream,—not the breast itself, but the breast-skin of the analyst, who represents a mother. Her equation of the contour of the breast with the contour of a tear states eloquently that her longing to return into mother's skin is expressed by her tears.

Laura equates another image in the dream with the longed-for mother's skin: the contour of the analyst's lamp, which means the 'analytic light'. Indeed, she reacted to analytic interpretations with her skin, saying, 'It prickles when you are giving me an interpretation' or 'Awareness of something is what gives [one] the creeps'. The analysis forces her once again to leave her mother's hide, in which she hides.

As suggested by the equation in the dream of skin and tears, Laura also reacted to interpretations with tears. Since the conflict over her longing to return into her mother's skin was expressed by tears, we should expect that the feeling of guilt that inhibits the one must also interfere with the other. Indeed, before the analysis the disturbing guilt caused in Laura complete unawareness of the origin and aim of her pathological

weeping. Now, under that analytic 'lamp' whose contour, according to the dream, was the contour of the breast and of the tear, an increase in sense of guilt was manifested by the damming up of tears, a decrease in weeping. 'I could weep a river', Laura said as the analysis was progressing, 'but the whole thing is dammed up like my periods [a new symptom], like going to the bathroom [she had suffered for a long time from an inhibition against urinating]. I just cannot go. No tears, no menstruation, no going to the bathroom. I am like the Dead Sea with no outlet.' And Laura associates the Dead Sea with the Red Sea.

We have here an interesting equation of the flow of tears with menstrual flow (the Red Sea) and with urinary flow. The flow (directed at her mother) is dammed up, and she is like the Dead Sea because of the guilt attached to this strong drive toward her mother,—a drive compounded with an aggressive one toward her brother who is to be eradicated from the mother's skin. The words 'Red Sea' also convey the image of this hostile drive (to 'see red'). And, because of this murderous drive toward her brother, Laura had cut herself off from her mother, who had therefore become dead to her, who became the Dead Sea, but whom she nevertheless joined again in this disguised identification with the Dead Sea. I told Laura this interpretation about the damming up of tears, menses, and urine. She thereupon suddenly felt that her period, now three months late, was starting and she asked to go to the toilet. She confirmed that it was indeed her period, and that moreover she had urinated. She produced a river of tears to complete the picture. And she experienced an unparalleled emotional relief attached, she said, to this rolling down of tears. One is reminded again of Elizabeth Barrett Browning: 'Touch it; the marble eyelids are not wet; if it could weep it could arise and go'.

As the analysis progressed and Laura became acutely conscious of those drives toward her mother, she believed that there was danger in giving in to this wish to be in her mother's

skin. The danger, she said, was of being 'liquefied, washed away'. 'I would weep a river', she said, 'and disappear down a drain'. This 'melting process', as Laura called it, proceeded under the analytic lamp, as indicated in the dream. But as her defenses broke down and she freely expressed her love for her mother and the mother-image analyst, and her desire for a cutaneous bond with them, the melting process was completed while she did indeed feel as if she were being washed away down a drain, equated by her with her mother, which her fantasy located in a corner of the analyst's office. It was as if, she said, she were disappearing down a white hole which turned out to be the white skin of her mother's breast, as the dream wish had clearly announced.

With this fantasy, Laura's pathological weeping abruptly ceased forever. It had expressed her desire to be liquefied, washed away, into the maternal skin. But until now she had not allowed herself to give in to this desire, and therefore her liquefaction could take place only externally, through the tears which also expressed her desolation over her separation from her mother.

Later in her analysis, when Laura was gradually discarding her mother's skin and was feeling that 'to be in one's skin is no longer to be in mother's skin, but to be out of it', she wrote to her daughter: 'I had the fantasy that if I told mother that I loved her I would weep a river and disappear down a drain. Well, I finally wept the river but what remained was a midget of pure gold. I didn't wash away after all. But the pure gold remained and I think that might well stand for the quality of love.'

Still another symptom is alluded to in Laura's dream. When she equates the contour (skin) of mother's breast with the contour of the analyst's lamp which sheds light, she indicates in a subtle way the psychological root of a visual symptom she complained of: an ebb and flow of her ability to see the contour of objects. Sometimes objects were in focus, sometimes out of focus. It was her conflicting longing for return into her

mother's skin that blurred her vision. Not infrequently she reacted to analytic interpretations with the comment, 'Now I can see clearly the objects in this room'. And as the analytic lamp shed light on her conflict, her vision became clear.

Laura by equating the contour of the skin of mother's breast with the contour of a tear was indicating that she longed to return into mother's skin. This longing, also expressed by her tears, was accompanied by prickling of the skin. It seems likely that we have here an answer to the problem posed by Saul³ when he showed that in some situations urticaria disappears when weeping is induced. Laura's analysis seems to make clear why weeping is suppressed and why the skin is selected as a site for displaced weeping. For Laura, weeping and itching were alternate expressions of longing to return into her mother's skin. Indeed, Laura equated her tears with the serous liquid that came out of her skin when she scratched or clawed at herself. She also equated tears with urine when she said that both were dammed up.

Perhaps in the patients described by Greenacre in whom 'weeping was apparently related to underlying childhood disturbances of urination', the weeping had the same meaning as it did for Laura. This assumption is even more likely if the penis envy in Greenacre's case covered an underlying desire to be within the skin of mother's breast.

Finally, does not embryology suggest a reason for the close relation between skin, tears, and disturbances of vision, which all express the fundamental longing of the child for the mother? For the eyes as well as the central nervous system are developed from infoldings of the embryonic skin.

³ Saul, Leon J. and Bernstein, Clarence: *The Emotional Setting of Some Attacks of Urticaria*. Psychosomatic Medicine, III, 1941.

PHILIP R. LEHRMAN

1895-1958

As one who was intimately associated for many years with Philip Lehrman both as a friend and colleague, whatever I can say about him in a few words is an insignificant tribute compared to the influence that his warm personality played in the lives of his family, his many friends, his colleagues, and his patients. In all his relationships he possessed a rare quality of loyalty and affection, giving of himself, and an ever-readiness to serve without stint. He was quick to defend what he believed was right and, without giving offense, to oppose what he believed was unjust.

He was an exceptionally skilled analyst and teacher. He graduated from Fordham Medical School in 1918, and received his basic psychiatric training at the St. Lawrence State Hospital in Ogdensburg, New York. He was one of the small group that first practiced and taught psychoanalysis in this country. In this he was fortunate, early in his career, to become associated with Dr. A. A. Brill. This relationship had great influence in determining the direction of Dr. Lehrman's interest in psychoanalysis. In the Outpatient Department of Neurology and Psychiatry at the Vanderbilt Clinic, he exerted considerable influence in overcoming opposition to psychoanalytic concepts and techniques at a time when psychoanalysis was mostly a subject of attack.

Primarily a clinician, he was Clinical Professor of Neurology and Psychiatry at Columbia University. He was also Attending Neurologist and Psychiatrist at the New York Post Graduate Hospital until its reorganization when he was given the same position with New York University. He was from 1921 a member of the New York Psychoanalytic Society, serving actively in many offices and capacities in the Society and Institute until he died.

We who really knew him have lost what once was mortal, but to live in the memory of those one leaves behind is not to be gone.

DUDLEY D. SHOENFELD, M.D.

BOOK REVIEWS

THE LIFE AND WORK OF SIGMUND FREUD. VOLUME III. THE LAST PHASE 1919-1939. By Ernest Jones, M.D. New York: Basic Books, Inc., 1957. 537 pp.

It is a frightfully difficult task to write the biography of a great man whom so many of us knew as a living person, and who himself knew so many who are still living and who have a kind of vested emotional interest in the *Imago*, Freud.

Jones relates that Freud was shocked at the very idea that Arnold Zweig was planning to write Freud's biography. 'Freud's views on biographical writing', Jones tells us, 'were certainly extreme'. Jones then quotes Freud: 'Whoever undertakes to write a biography binds himself to lying, to concealment, to hypocrisy, to flummery and even to hiding his own lack of understanding, since biographical material is not to be had and if it were it could not be used. Truth is not accessible; mankind does not deserve it, and wasn't Prince Hamlet right when he asked who could escape a whipping if he had his deserts?' 'And yet', Jones adds, 'I continue with my task in the face of these terrible dicta: I feel sure that Freud would have been surprised to find that one could get nearer to the truth about himself than he imagined possible'. There is no need to contest this certainty which Jones expresses with the boldness and simplicity of a man who was so close to Freud, who took such an active and decisive part in saving Freud's life, thus enabling him to die in England instead of perhaps being gassed or cremated by the Nazis, and who was so close to the end of his own life at the time he was writing this third volume.

Whatever opinions one may have about many aspects of this monumental biography, the world will be grateful to Jones for generations to come. For he has given us not only a coherent story of Freud's life, but also a number of the facts and fancies of men in the midst of an ideological struggle—facts and fancies to ponder, to be puzzled over, to be saddened or amused by. He has given us a source book of many things which touch the 'truth [that] is not accessible and [which] mankind does not deserve'.

There is no denying that Jones did not spare himself (or Freud,

or some others for that matter) in writing this biography. However, as Jones said, Freud was not a *Menschenkenner*. The discoverer of psychoanalysis and the explorer into the very depths of the human mind seems to have had considerable difficulty in understanding people, particularly those closely around him. Freud seemed to lose a considerable amount of his keenness and sagacity whenever he felt that a person was gifted and could be useful to the cause of psychoanalysis. He thus made serious, and for a psychologist almost shocking, mistakes about Jung, Adler, Rank, Ferenczi, Frink, Brill, and even Jones and Abraham. This failing of Freud's is neither illumined nor otherwise clarified in Jones's biography, and as one reads and re-reads the three volumes it becomes rather difficult to rid one's self of the suspicion that Jones, who dedicated his life to psychoanalysis, himself could not be called a *Menschenkenner*.

It is this scotoma as regards the human in man that made Jones offer us so many masks instead of faces, so many silhouettes instead of statures, so many shadowy outlines instead of presences. It is this aspect of the biography which shows that perhaps Freud was right after all. To be sure, Jones strove to achieve as great an approximation to truth as is humanly possible; but it is a certain lack of feeling for and about men that distorts his view of the whole course of Freud's life and of his creation—psychoanalysis. The truth is there; but instead of the throbbing *élan vital* there is cold fact. Then, too, (and this is also a direct result of the same failing) the organizational and political aspects of psychoanalysis stand out more conspicuously than is pleasant for the friends of psychoanalysis, or than is wise for its enemies. Not that these particular aspects of the psychoanalytic movement should be concealed; but they somehow stand out too strongly against a background which seems to be too pale.

Freud's wife, who avowedly played a great and admirable role in Freud's life, is mentioned only in passing. We are told in parenthesis, so to speak, that she followed her custom of doing her own marketing after they settled in London; we are told that she once accompanied Freud to Berlin on his last pleasure trip to that city; we are told how graciously she treated the Nazi invaders in their house in Vienna; and this is all. It somehow leaves in deep shadow a considerable part of Sigmund Freud, the man.

The old controversy might be re-awakened here. Does Freud as a

person belong to the populace—be they contemporaries or generations to come? After all, the argument runs, it is the poetry of the poet, the paintings of the artist, the contributions of the scientist that belong to the world, and not the poet as a person, the painter as a person, the scientist as a human being. This is true, and it is not difficult therefore to share Freud's distaste for anyone (or himself) writing his biography. Yet it is also true that the wish, I would say the intense need, to catch a glimpse of and into the person who has made a great contribution is so great among us that we feel almost restless unless we know something about the tragedy of a Paul Verlaine, the psychosis of Nietzsche, the epileptic equivalents of Dostoevski, the schizophrenia of Strindberg, the hypochondria of Herbert Spencer or David Hume. I suppose this need to satisfy one's curiosity about the small things of great men transcends the boundaries of natural or self-imposed objectivity, and cannot be suppressed among psychoanalysts any more than among any other groups of people. I also suppose that this great desire to look into the man behind his work is due as much to our need to satisfy our voyeurism on a higher plane, as to our need to exhibit *our* hero to the gaze of the populace. This is of course an oversimplification of the complex interest in writing and reading the biographies of great men.

Be this as it may, once the biographical picture is before us we must admit that in some way we associate the psychological characteristics of our great scholars and artists with the essence of their respective contributions. We are still apt to speak of greatness as a special quality that could presumably be reduced to some separate elements of which greatness is composed. That great men may be small and petty individuals, and that characterologically speaking greatness and personality are not necessarily correlated, is overlooked. Tolstoy was a great artist when he led the dissolute life of an aristocratic officer of the Tsarist army. He remained a great artist after his religious conversion and inner moral revolution.

When we think of Freud and the scientific revolution that he wrought, it is not fair to try to link his scientific genius to his character nor, I believe, is it possible to understand his extraordinary intuition from the particular type of personality that he was. It seems rather that the more interested we are in what Freud did, the more eager we are to find out what manner of man he was. And when it comes to this crucial question we cannot help admit that this we

inquire into at our own risk and peril. There is little that we can say rationally to justify our demanding curiosity.

On the one hand Jones acquitted himself of his Gargantuan task with dispersing some legends about Freud's dictatorial wilfulness; on the other hand Jones makes a strong effort to justify certain of Freud's views at the expense of psychological consistency. Thus, Freud's loyalty to Jung, to Rank, to Ferenczi, and to others always outlasted the loyalty of Jones and of Abraham to them. Freud defended Rank to the last, was willing to make allowances, while Jones and Abraham were ready to drop Rank much sooner and to discard Ferenczi much earlier. Many of Freud's views, including those on religion, Jones defended at the expense of psychological truth. Not that Jones was negligent of facts. He overlooked, for example, certain aspects of childhood and took note of the very same facts when it seemed to him to prove his point. The influences of Freud's Nanny, and of the death of his little brother Julius, are pointedly disregarded in the estimation of Freud's militant atheism. The death of Julius is, however, assigned a motivation in the genesis of the hypothesis of the death instinct and in Freud's general preoccupation with his own death—a theme that appears to have been prevalent throughout his life. It is also the death of little Julius that Jones believes explains Freud's severe reaction to the death of his four-and-a-half-year-old grandson Heinerle when Freud was sixty-seven years old.

The reader will be hard put to find a lead to the psychological components which guided Freud along the main lines of his scientific development. The psychoanalyst will find nothing new in the synoptic outline of Freud's writings; these are presented chronologically and are uninspiring abstracts of Freud's writings, not a synthesis of a life lived, of a great inspiration fulfilled, and punctuated with so much physical and mental torment.

Freud to the last appeared to fulfil the aphorism of Schiller which he quoted at the beginning of his career: *Der Starke ist am mächtigsten allein*. It is impossible to rid one's self of the impression that spiritually, intellectually, Freud always stood alone. So many people came to seek his advice; so many sat at his feet; so many were so loyal, so unquestioningly devoted; yet no one seemed really to know him.

Jones is at times almost frightening in his directness; therein lies

one of the values of his biography. The picture of Freud in a well-known clinic in Vienna, fully dressed, sitting on a simple chair, blood streaming from his mouth, is disgustingly stark. Not even a room was provided for the patient; only after Anna Freud arrived and things 'began moving' was a cot provided. Sigmund Freud, the man whose name is identified with the most significant contributions to behavioral sciences in the twentieth century, seems to have been treated as a piece of human driftwood by a well-known surgeon of the great city of Vienna in 1923, when Freud was sixty-seven years old! The story that a moron or an idiot seems to have understood that Freud (in bed this time) was in trouble, and to have called for help while there was no one watching over Freud around the clock, is another flash of history that is ridiculously tragic and unpardonable. Jones's dryness of style and terse reserve served him in good stead here. In describing these events he reaches great heights of literary and dramatic expressiveness.

Freud at the age of sixty-seven thus became a victim of cancer, undaunted it seems, but treated unutterably to the discredit of the great in the medical profession who seemed to do their surgical carpentry well but failed in their human ministry. It seems strange that all this happened only a little more than thirty-five years ago. Felix Deutsch and, later, Max Schur are excluded from this censure. Their devotion and medical ministry were beyond reproach.

It is impressive to learn how much Freud suffered from the age of sixty-seven to his death at the age of eighty-three. While he repeatedly referred to his forthcoming death throughout this period, this seems to have been an intensified consciousness of an imminence of which he had been aware during the years when he was robust and active, or when he had been banished by the Nazis from his homeland.

It seems that Freud never succeeded in resolving his anxiety about death. He indulged in a sort of *Galgenhumor* when referring to death. At other times he was stern about it: thus when his daughter Sophie died, he spoke of 'blunt necessity, mute submission'. It was not only the reaction to death that preoccupied Freud, but a sort of protest against life. He once said: '(In this world) we are not onlookers, nor actors, nor really even a chorus, but merely victims'; also, 'Ah, if I were only alone I should long ago have done away with life'; similarly, 'In the cheerful pessimism that was always

characteristic of me, the second element occasionally becomes the more prominent one'.

These morose attitudes are cited to underscore the extent that Jones was intimate with Freud, and to note that Jones does not find in these human aspects some sinister sign of 'unresolved conflicts'. Jones does not find any sign of neurotic trends in Freud's many gastrointestinal and cardiac complaints of several years' duration. This is no criticism of Jones; this I believe is as it should be. The genius of Freud in no way suffers from the fact that he was human, endowed or afflicted with many or perhaps in some respects even with a surplus of human frailties.

There is no reason for making Freud a superman to demonstrate his scientific stature and the role his genius played in opening new pathways into the science of human psychology. There is no reason either for viewing as neuroses and psychoses the reactions of those who either opposed Freud or turned away from him. It is an understandable prejudice of Jones.

Freud put his finger on one of the major problems when he said in one of his letters to Jones, which Jones quotes. '... Although you had yourself proposed the Committee you did not refrain from endangering its intimacy by unjust susceptibilities. You know it is not my habit to suppress my true judgment in relations of friendship and I am always prepared to run the risk attaching to that behaviour.

'You are quite right in asking that friends should treat each other as unrelentingly as fate does, but just imagine how much more satisfactory it is to a friend to acknowledge, or praise or to admire the other man than to forgive him.'

This letter was written in English; hence its awkwardness of phrase. The sense of it is profound. Only the great of heart and mind can tell such truths so simply and so gently, yet in such a detached way. This is one of the great paradoxes of Freud's personality. He appeared strict, at times cold and austere, quite often morose; but deep within the recesses of his person there was always glowing a kindness, a good will to man which many sensed but few truly acknowledged. Introducing the letter, Jones says: 'It was therefore a shock to find that his [Freud's] opinion of me had deteriorated'. After citing the letter, Jones recalls Massinger's saying of centuries ago that 'no man's a faithful judge in his own cause' and

adds: 'I must leave it to others to decide whether Freud was here presenting a true bill or giving an example of his suggestibility'.

The task of writing a biography, the central figure of which was the guiding spirit of the events while the chronicler of these events was a very active organizer of them, had to be a very difficult one. It was therefore an inevitable temptation for Jones to adjudge himself the arbiter among various detractors, dissenters, innovators, latent friends or manifest enemies of psychoanalysis. One must acknowledge, nevertheless, that Jones was the most energetic and persistent adherent throughout the history of the development of psychoanalysis. It was actually a psychological impossibility for Jones to step aside and describe without partisanship the influences and the actions of individuals during a controversial evolution in which he was so intimately involved.

Jones conceived and organized the Committee about 1912 as a 'protective guard' around Freud. Freud, then fifty-six years old, had not yet reached the summit of his creative capacity. That 'protective guard' was an unofficial but effective group, but quite heterogeneous in fact. There were the usual jealousies and maneuverings one usually finds in such a group. Freud himself seems to have kept his own counsel, remained ever tolerant; but he was also definitive. He did not like to be managed, and did not need a committee to protect him. His rather dour, contemplative, and sagacious genius to the very end was ready to give no quarter whenever conditions required, and he disliked pomp and circumstance as he did contention. Freud was sensitive as anyone would be when he was rejected by those whom he considered worthy, but he would not readily engage in a legal or verbal battle. When his well-wishers in America suggested that he sue the reviewer of his *Future of an Illusion*, his cabled answer was, 'Never mind'. When Rank came to Freud to reassure him of his loyalty, Freud, setting aside his psychological insight, perhaps even his clinical acumen, and showing how little a *Menschenkenner* he was, wanted to protect Rank, to defend him, as he tried to defend Ferenczi on other occasions. There is no evidence that Freud ever regretted his generosity of spirit and loyalty.

Freud, it appears, was not a sort of Olympian figure above and beyond human petty battles; such imaginary, ultraobjective heroes are always open to suspicion. What appears more the truth is that as time went on, Freud seems to have become silently aware that his

'standing alone' was inevitable, he seems to have 'decided' to remain alone and to do his work as far and as much as he could, to keep the very few friends he felt true affection for—people like Frau Lou Salomé—and to await tolerantly the end of his days—not as a man flattened and exsanguined by the pressures of fate, but as one bitterly reconciled to his own passing. He seems to have lived happily albeit very anxiously in the face of adversities. As he himself put it so well: 'When someone abuses me I can defend myself, but against praise I am defenseless'. He seemed to be fully alive every minute of his life. He worked. Work forever remained his effort, his service, his worship, and his assertion of what was alive in him over that which was dying.

About a year before his cancer was diagnosed, he wrote Ferenczi: 'Something in me rebels against the compulsion to go on earning money which is never enough, and to continue with the same psychological devices that for thirty years have kept me upright in the face of my contempt of people and the detestable world. Strange secret yearnings rise in me—perhaps from my ancestral heritage—for the East and the Mediterranean and for a life of quite another kind: wishes from late childhood never to be fulfilled, which do not conform to reality as if to hint at a loosening of one's relationship to it. Instead of which—we shall meet on the soil of sober Berlin.'

These lines acquire particular poignancy when one recalls one of those strange convergences of the blows of fate which almost felled Freud. The events about to be cited seem to have been the most trying contributing factors to Freud's chronic pessimism and the almost heroic discontent which was his all his life, even before he wrote *Civilization and Its Discontents*.

In the summer of 1923 Freud had his first operation for cancer. Although the truth was not told him for some time, there seems to be sufficient evidence that Freud was aware of his condition from the outset. At the same time his favorite grandchild Heinerle, a boy of four and a half, died of miliary tuberculosis. This was the only occasion on which Freud was known to cry. He admitted to Marie Bonaparte that since the death of Heinerle he had found it impossible to form any new attachments. It will be noted, however, that Freud's revision of his theory of anxiety (*Hemmung, Symptom und Angst*) appeared three years later. He never stopped working. Moses and Monotheism was yet to come.

The last fifteen years of Freud's life seem to have been years of unique reconciliation with the inevitable, and the unique self-assertion of a great man consistently and courageously standing at the post at which life happened to put him. Characteristically he wrote in 1926 to Ludwig Binswanger in a letter of condolence (Binswanger had lost his oldest son), that since the death of Heinerle he had been unable to enjoy life. 'It is the secret of my indifference—people call it courage—toward the danger to my own life.'

Freud's mood and mental status are well reflected in the only letter he wrote from the hospital in October, 1923. It was a short letter to Abraham.

Dear and incorrigible Optimist:

Tampon renewed today. Out of bed. What is left of me put into clothes. Thanks for all the news, letters, greetings and newspaper cuttings. As soon as I can sleep without an injection I shall go home.

Cordially,
Your Freud

A curious combination of indifference and bitterness, of deeply seated melancholic trends with almost caricatural humor.

Jones was right to recall (although less cogently) a letter which Freud wrote to his fiancée when he was in his mid-twenties, around 1880, long before he became a physician. He wrote then: 'Philosophy, which I have always pictured as my goal and refuge in my old age, gains every day in attraction, as do human affairs altogether or any cause to which I could give my devotion at all costs, but the fear of the supreme uncertainty of all political and local matters keeps me from that sphere'.

The aged Freud was not in this respect different from the young Freud. From the outset he had little respect for 'this detestable world'. Yet as if driven by a unique force from within he stood to the last as a nonphilosophical philosopher, denying his interest in philosophy and yet yearning for solutions, digging into the depth of the mysteries of life to which he would deny the privilege of being mysterious. Through Moses and Monotheism he believed he had found a historical path into the psychology of religion. This is the reason he was so eager to see it published in English before he died,

a wish which was fulfilled. Freud, who started with the individual, the human person with whom direct contact led to the solution of so many psychological secrets heretofore out of the reach of the medical psychologist, seemed finally to have disengaged himself from man as an individual and returned to the anxious preoccupations of his restless youth—to a study of mankind in general, to a search for some philosophical synthesis. To accomplish this Freud said that he needed another life to live.

Jones's three volumes of Freud's biography, uneven and onesided as at times they are, are a formidable mass of work produced as a result of a formidable effort. If Jones had contributed nothing else to psychoanalysis this biography, with all its roughnesses, angularities, and many 'subjectivities', offers us the vision of the full stature of Freud. Jones has saved for us the human presence of Freud, which rises from the pages of the biography, just as he brought to the safety of England Sigmund Freud whom he helped to rescue from the bloody-red fog of the Nazis.

In the safety of England, Freud offered us the last year of his life, dying slowly and working hard. He reached that sublime level of detachment which made the momentous political cataclysm appear to him insignificant. In the innermost recesses of his mind he did not feel old, or ill, or 'finished', or 'struggling', or still less like fighting individuals. When he was asked to sign a release attesting that the Gestapo had treated him as becoming a scholar of his reputation, he readily signed the ignominious piece of self-serving Nazi paper and asked whether he might add in writing: 'I can heartily recommend the Gestapo to anyone'.

On that fateful night when Freud crossed the English channel, he dreamed a dream which he told his son who was there to meet him. In the dream he was landing at Pevensey. He explained to his son that Pevensey was the place where William the Conqueror had landed in 1066.

Freud remained indomitable. In this senseless, detestable world he still felt the sweet taste of bloodless victory in very defeat by the Nazis, wars, and old age.

GREGORY ZILBOORG (NEW YORK)

THE PSYCHOANALYTIC STUDY OF THE CHILD, VOLUME XI. New York: International Universities Press, Inc., 1956. 470 pp.

The eleventh volume of *The Psychoanalytic Study of the Child* is organized as were the former volumes in four sections: Theoretical Contributions, Normal and Pathological Development, Clinical Contributions, and Applied Psychoanalysis.

The first part, Theoretical Contributions, contains two papers from the Child Study Center at Yale University—one by Kris and one by Lustman, both of whom show an original approach to the problem of validation. Kris, in *The Recovery of Childhood Memories in Psychoanalysis*, describes the dynamic effects of the recovery of memories, emphasizing the importance of re-establishing the connection between past and present, of making associative connections which have been disassociated by the defensive process, and of reintegrating into the thinking process what has been isolated previously. This thesis, which is the classic thesis of the analytic process, is demonstrated with clinical examples and presented with the lucidity and clarity which increasingly became Kris's style in the last years of his life. He uses the case of a little girl from the Child Study Center, describing how what really happened was reflected in the emotional experience of the child at the time. This child was observed from birth; her history, the pertinent history of both parents, and their respective characters and neuroses were well known. During her fourth and fifth years an exploratory analysis was done with this little girl, which in play sessions and conversations presented the past as she experienced and remembered it. Since this material could be compared to her rather complete history and observations, it gave a unique opportunity to show how certain experiences are felt at the time when they occur and how they are remembered; also such material lends itself to proving and disproving the validity of certain analytic concepts.

Seymour L. Lustman's paper, *Rudiments of the Ego*, uses an entirely different approach to the problem of validation of analytic concepts. He observes, and experiments with, a number of neonates and records their reactions to oral and anal stimulation. He reports on a number of infants who react more strongly to anal than to oral stimulation. He speculates whether this might constitute an inherent autonomic instinct endowment which might facilitate

future fixations in this zone. This paper is short and must be considered as a preliminary report.

A paper coming out of the Child Development Center in New York deals with a similar problem. In *Unusual Variations in Drive Endowment*, Augusta Alpert, Peter B. Neubauer, and Annemarie P. Weil report on three children who, according to them, showed the following variations in drive endowment: first, hyperlibidinal and hypoaggressive; second, hyperaggressive and adequate libidinal drive energies; third, hypolibidinal and hypoaggressive drive energies. These children, in contrast to the ones Lustman observed, were not observed from birth and came in their third year to the Child Development Center. They were observed and therapeutically treated through several years, as were their parents. However, in this report, no discrimination is made between observation and therapy; the type of therapy (frequency and length of treatment) is not described. The goals which this group of therapists set for themselves seem too ambitious in relation to the lack of exactness of their observations. Insufficient observational data and possibly therapeutic interference obscure the picture of original drive endowment, which they wish to establish.

Phyllis Greenacre's paper, *Experiences of Awe in Childhood*, deals with the question of endowment, particularly in gifted people, from a different angle and with a different approach. She describes and documents experiences of awe taken from a number of famous autobiographies and the analyses of patients. Greenacre contends that these experiences of awe occur for the most part around the fourth and fifth year and are screen memories of the father's erect phallus, experienced with an intensity due to the great sensitivity of gifted people. For patients who are not gifted as these writers are, the awesome experience does not seem as impressive and, due to their lesser sensitivity, they are not successful in reducing father and his penis to true size. Their feminine identification is prominent, urinating and ejaculating are confused in their minds. Greenacre describes their insistence on holding on to the father's superiority in genital appearance, as 'a kind of intellectual transvestitism', whereas the gifted people, the geniuses, become themselves the authority of which they derobed their fathers. The literary examples which Greenacre selects are fascinating but do not prove her points convincingly. However, as always, her ideas are so vividly

presented that one is impressed by the *Erlebnis* quality of the paper. Nevertheless analysis of living gifted people must prove or disprove Greenacre's thesis.

Heinz Hartmann's and Elizabeth R. Zetzel's contributions consist of two entirely theoretical papers. The first part of Hartmann's Notes on the Reality Principle is a scholarly exegesis of Freud's concept of the reality principle in its development. The second part of the paper is, despite Hartmann's protest, a philosophical discussion of the idea of reality. He distinguishes between scientific truth and conventional or socialized knowledge of reality, both of which he differentiates from the reality of the world around us. The psychoanalytic application of these theoretical concepts is not always clear.

In her paper, Concept and Content in Psychoanalytic Theory, Zetzel considers it essential for the future development of psychoanalytic theory that abstract formulations be divorced from meaningful content, making concept formulation compatible with divergent points of view. She is not concerned in this paper with the question of validation nor with the collecting of data. In showing Freud's own changes of concept in his instinct theory as well as in the theory of anxiety, she tries to prove this point and concludes with an attempt to show the contributions which Melanie Klein has made to analytic theory. By disregarding the discrepancies between clinical data and theoretical concept, she finds similarities which otherwise might be overlooked as being of lesser importance. I, for one, consider meaningless any abstract formulations divorced from meaningful content.

In the section on normal and pathological development three authors, Beres, Annemarie Weil, and Boyer concern themselves with forms of deviational development. David Beres, in Ego Deviation and the Concept of Schizophrenia, has undertaken a long needed study of the conglomeration of clinical syndromes which are thrown together into the catchall concept of schizophrenia. He draws from a wealth of clinical material. Although the author emphasizes that he does not wish to go into the etiology of these cases, the history is sometimes too sketchy to satisfy one's curiosity; however, we hope that eventually he will fill out this paper with the dynamic formulations which he undoubtedly has made for himself.

Annemarie Weil's paper, Deviational Development in Infancy

and Childhood, also gives an excellent clinical description of atypical children, enumerating the signs by which they may be diagnosed. She carefully refrains from any theoretical formulations and restricts herself to observation only, without even giving a hint of any speculations which she might have concerning the pertinent history and etiology of the cases.

Bryce Boyer in his paper, *Maternal Overstimulation and Ego Defects*, develops the idea that overstimulation of the infant in the auditory sphere may traumatize the child and at the same time provide an auditory and oral link to the mother. The fragment of a catatonic case is used as an illustration. The idea is interesting and is worth being tested in observations of infants.

The clinical contributions are quite diverse. I am going to mention only some which may be of particular interest. Louis A. Gottschalk contributes *Psychoanalytic Observations on an Epileptic Child*. The literature on the psychoanalysis of psychomotor disorders is extremely rare and this case presentation therefore deserves attention. It is a detailed report on the treatment of a ten-year-old boy. The interplay of psychological factors and epileptic states is described with great clarity. The onset of the epileptic attacks occurred through emotional factors, namely, frustration of aggressive and sexual wishes, and could gradually be brought into consciousness and thereby become fully controlled by the patient. Medication was stopped in the course of treatment. For a while the attacks continued during the sessions and could be observed and discussed. Joyce Robertson's observations on the tonsillectomy of her own four-year-old daughter are interesting. Anna Freud's comments put the experience into focus and describe it in terms of id and ego and their relative strength. She also raises the weighty question whether real anxiety exists and sees it as the ability of the ego to face danger and to assess it. She distinguishes the role of the mother as presented in this case report from that of the therapist. While the mother's role is seen as that of the interpreter of reality, the therapist is assigned the role of interpreter of fantasy who helps the child, under controlled conditions, gradually to effect a transformation of its strivings. Erna Furman's paper on *An Ego Disturbance in a Young Child*, and Eleanor Pavenstedt's paper, *The Effect of Extreme Passivity Imposed on a Boy in Early Childhood*, deal with children who are extremely disturbed through being exposed to a

sick environment. One wonders why, in either one of these cases, removal from the pathogenic environment was not considered.

Two papers among clinical contributions take their material from adult analysis and offer interesting ideas for consideration in the understanding and treatment of children: Elisabeth Geleerd discusses the influence of Early Mother-Child Relationship Upon Self-Destructive Tendencies and Fugue States. She presents three adult cases in which suicidal tendencies are related to the undifferentiated stage of the mother-child relationship. The fugue state is seen as a suicide equivalent stemming from the same period. William G. Niederland, in *Clinical Observations on the 'Little Man' Phenomenon*, sees this clinical picture as a character disorder to be distinguished from the little man in the Schreber case. Niederland gives a great deal of credit for calling attention to the little man phenomenon to Paul Kramer's paper (published in this annual), *On Discovering One's Identity—A Case Report*. M. Katan's papers on the Schreber case are missing in Niederland's extensive bibliography.

The rest of the volume is made up of a paper by Judith S. Kestenberg on the Development of Maternal Feelings in Early Childhood, which is more theoretical than observational. Lili Peller and Martha Wolfenstein make up the section on applied psychoanalysis.

This volume leaves the reader with two new points of view. The studies dealing with the question of instinctual endowment show a groping approach to an elusive problem. The material is hard to get and scientific method is most important, lest such studies be deluged with fantasies and conjecture. They are still too few and too uncertain to allow one to draw any conclusions. It is a beginning which we hope will be continued. The other topic, which follows a concerted interest, is the attempt to describe, break down, and classify ego deviations; the material in this area is enormous and every practicing therapist deals with it constantly. The tendency of these authors is to stand back and see what they are dealing with rather than to do something about it. A more methodical approach to these difficult problems in therapy will eventually evolve from this procedure and will be most welcome.

MOTHER AND CHILD. A PRIMER OF FIRST RELATIONSHIPS. By D. W. Winnicott, M.D. New York: Basic Books, Inc., 1957. 210 pp.

This book is written for the young, intelligent mother, to help her both to regain her lost self-esteem and to ward off the intruders between her intuitive self and her infant. Dr. Winnicott recognizes the fact that advice, interpretation, and admonition may disturb the mother-infant equilibrium which consists of waves of subtle shades of feelings, empathy, and nonverbal understanding. He feels that 'ordinary devoted mothers', capable of uncomplicated 'know-how', will not read this book, will not want to 'know' on an intellectual level. There are passages in the book in which Dr. Winnicott encourages the mother to ward off a certain type of interference from professionals and friends. And there are a few passages in which he appeals to husbands to support their wives and to permit them the temporary withdrawal they need for the task of infant care. These are of great value for parents and specialists in this field alike. One can only hope that Dr. Winnicott will go on to expand the above points.

As a whole, the book comprises the author's views on infantile and maternal feelings. Though addressed to mothers, it has, except for such parts as mentioned above, more value for child specialists dealing with mothers than for the mothers themselves. It deserves a very special place of honor in 'well baby' clinics, pediatric offices, and schools of medicine, social work, and nursing. Dr. Winnicott's unique emotional approach to infants and their mothers has a dynamic and contagious effect upon the reader. The content varies from lucid chapters describing what is going on in the infants' bodies to a few ambiguous and at times obscure passages delving into the unexplored area of very early thought processes. One wonders whether some of the anthropomorphic presentations of what is going on in the infants' psyches may not have the unintended effect of confusing and frightening instead of reassuring. Most of the time, however, Dr. Winnicott offers wisdom, encouragement, and reassurance with utmost clarity. He explains, for instance, that a mother 'if she is feeling free to act in the way that comes naturally to her, grows in the job', that the father can help her by providing 'a space in which the mother has elbowroom'. The chapter in which he discusses transitional objects is exemplary for its masterly inter-

pretation of infants' behavior. Those of us who help mothers with special problems pertaining to their infants can learn a great deal from Dr. Winnicott, such as how to interfere with advice or an interpretation when interference is asked for and needed.

Finally, I should like to express my gratitude to Dr. Winnicott for his special message to all analysts. Faced as we are in everyday practice by the problems of the early infantile life of our patients, it is refreshing for us to recapture in this book something of the excitement and the feelings of early mother-child relationship. The understanding of these is indeed much more important for therapeutic success than the most accurate reconstruction of factual data from early infancy.

JUDITH S. KESTENBERG (NEW YORK)

LITERARY BIOGRAPHY. By Leon Edel. Toronto: University of Toronto Press, 1957. 113 pp.

Biography today is no mere recounting of facts, no accumulation of dry bones; it is a re-creation of a life and it aims to understand the relation of the person to his work. The biographer and the psychoanalyst have in common their sense of the continuity of the life of a man, and biography is a reconstruction not dissimilar to the reconstructive activity of psychoanalysis. In the specific instance of the biography of the artist it permits a view of the creative mind, the nature of imagination.

It is a significant mark of the widening influence of psychoanalysis that there is in a series of literary lectures delivered at a university a sober and balanced chapter on psychoanalysis. This small volume comprises the Alexander Lectures delivered at the University of Toronto by Dr. Leon Edel, who is a professor in the Department of English at New York University and well known as biographer and editor of Henry James.

The author describes the aims, problems, and techniques of the biographer. He distinguishes the contribution of psychoanalysis from that of psychological insight, which has been applied for centuries to biography and literary criticism. To illustrate his thesis, Dr. Edel uses the interesting device of examining Willa Cather's *The Professor's House* from three aspects, that of the conventional critical approach, that of the psychoanalytic approach, and finally the combined approach which synthesizes the first two.

Dr. Edel recognizes the limitations and dangers in the use of psychoanalytic tools by nonanalysts, but we must agree with him that psychoanalytic knowledge has become so widely diffused that its use by nonanalysts cannot be prevented. It only becomes increasingly essential to foster the spread of accurate knowledge of psychoanalytic concepts. On this point Dr. Edel is not explicit and it would seem that he leaves this area to the psychoanalyst for further development. He puts at rest the concern of Sir Harold Nicolson who, in *The Development of English Biography* (1927), saw in the introduction of psychology into biography the end of biography as an art and its future as a technical branch of science. Dr. Edel demonstrates that it is possible to use a scientific tool and remain an artist.

This book deserves the attention of the psychoanalyst and a place in psychoanalytic bibliography.

DAVID BERES (NEW YORK)

FICTION AND THE UNCONSCIOUS. By Simon O. Lesser. With a Preface by Ernest Jones, M.D. Boston: The Beacon Press, 1957. 322 pp.

'By and large psychoanalytic interest in literature has run backward, from the work of art to its creator, whereas ours will flow forward, from the work of art to the reader.' The author's forward approach has given us the first systematic study of the universal appeal of fiction based on the interaction between the form and content of fiction and the reader's psychic needs and conflicts. Lesser utilizes his erudite knowledge of literature, literary criticism, and psychoanalysis in an engaging style devoid of pedantry. He demonstrates repeatedly that the psychological effects of a story can be analyzed without biographical knowledge of the writer (which is also unnecessary for artistic evaluation by artistic criteria).

The book's general excellence, with its abundant valuable insights, makes it difficult to indicate its best features. The 'clinical' demonstrations—for instance, detailed analyses of several stories—are matched in quality by the author's critique of artistic criticism and his theoretical explorations. Notable, for example, are the unusually lucid, brief expositions of the relations between form and content in the work of art and the ego-supporting function of formal elements in minimizing anxiety and resolving conflict.

My reservations about the book do not stem from substantial dis-

agreement but reflect the author's own awareness of its inevitable shortcomings as an initial rather than a definitive statement. Certain ambiguities, too, are inherent in the overcondensation of rich material, attributable to Lesser's anxiety about prolixity. The enthusiastic reception of the book should relieve him of this anxiety in future writing on the subject.

H. ROBERT BLANK (WHITE PLAINS, NEW YORK)

PSYCHOANALYSIS AND THE FUTURE: A CENTENARY COMMEMORATION OF THE BIRTH OF SIGMUND FREUD. Edited by B. Nelson. New York: National Psychological Association for Psychoanalysis, Inc., 1957. 160 pp.

To commemorate the centenary of Freud's birth, the National Psychological Association for Psychoanalysis has issued this collection of essays, suggestive rather than definitive, and for the most part dealing with the impact of Freud's teaching in fields other than psychotherapy. Evaluation of these pieces must vary from reader to reader, but to this reviewer the most basic and fascinating is that in which Feldman, largely through philology, reveals the close parallels and identifications between present-day socioeconomic institutions and freudian psychodynamics. Desmond shows how dynamics very similar to these were described independently by G. H. Mead, an American contemporary of Freud. In slightly different vein, Weisskopf tells how, in this country, social sciences and theoretical psychoanalysis have come to grips with each other, somewhat to the detriment of the latter. Bensman and Vidich study thoughtfully the antithesis between community life in the United States as it is and as it is supposed to be, and speculate about what effects, remote or immediate, clinical psychoanalysis will have on the lives of members of these communities. In similar fashion, Watson considers education, and Sulzberger, sex life. Walker describes the freudian psyche in terms simple enough to suit the radio broadcast for which the piece was first intended, and with the wit and precision which so often stamp the Oxford-bred writer. Taubes's consideration of religion can well be taken as an appendix to Freud's writings on the same subject. A new dimension is added by Bychowski's succinct exposition of the use of artistic symbols since the first cave-man drew a bison on the walls of his home. Descriptions of an inter-

view with Freud and hitherto unpublished details of his life and reading should also be mentioned.

All these essays show erudition and clear original thought, but at first the reader will find scanty mention of what the title promises: some inkling of the future. The last piece holds the answer; the sting is in the tail. In the future, the terminal essay declares, psychoanalysis will be liberated from its lowly associations with psychiatry and neurology and take its place in the glorious company of psychology and sociology. It is perhaps less important to question the significance and reliability of this prophecy than it is to understand the motivations that lie behind it.

GERALDINE PEDERSON-KRAG (NORTHPORT, NEW YORK)

LOGIC AND PSYCHOLOGY. By Jean Piaget. Introduction by W. Mays. New York: Basic Books, Inc., 1957. 48 pp.

Based on three lectures delivered at the University of Manchester in 1952, this little book is a retroactive introduction to Piaget's work over the past twenty years in applying the methods of symbolic logic to the intellectual activities of the child and the adolescent.

Avoiding the fallacies of 'logicism'—which were so typical of the Würzburg school of *Denkpsychologie* and of the older philosophical psychology, wherein classical logic was employed as a causal explanation of psychological data in themselves—Piaget uses the algebra of logic to delineate specific psychological configurations and to put into the form of calculus those structures and operations which are central to thought processes. He thus reverses the procedures of Fitch, Hull, and others, who have been aspiring to a formalization of psychological theories by means of axiomatic logic.

Although this book manifests the eternally prefatory quality which (to this reviewer) is characteristic of Piaget's work, it constitutes nevertheless a tour de force and combines in brief compass a succinct introduction both to symbolic logic and to Piaget's psychological theories. The author makes the significant point that the logical calculus provides a nonlinear and nonatomistic technique for the study of thought in children and adolescents; that the developmental schemata of intelligence are thereby made available to qualitative analysis; and that symbolic logic is a necessary extension of the quantitative measurements which have long been accepted by psychologists.

Piaget's study of the relations between logic and psychology, and of the operational field where they meet, has opened the door to a potentially new science. He writes with perhaps more optimism than our present knowledge warrants. Yet the recent contributions of symbolic logic to such fields as biology and linguistics would seem to augur well for Piaget's 'logico-psychology' in particular and for the academic psychologies, including Gestalt, in general.

On the other hand, Freud's propositions, structures, and operational procedures differ markedly from those of Piaget and appear less amenable to algebra and calculus. At any rate, those readers who wish a more systematic discussion of Piaget's position are referred to his *Traité de logique* (1949).

S. H. POSINSKY (NEW YORK)

PSYCHOBIOLOGY. A SCIENCE OF MAN. By Adolf Meyer, M.D. Springfield, Illinois: Charles C Thomas, 1957. 257 pp.

This is a belated and carefully edited publication of the first Salmon Lectures given by Adolf Meyer in 1932. In these lectures, Dr. Meyer set out to summarize the entire scope and range of his views and his teaching in the field of psychiatry. This volume admirably succeeds in accomplishing the task originally set. The lectures were later amplified and revised by Dr. Meyer and put into final form by the editors of the present volume, who were well acquainted with his thinking.

The book is divided into three sections: Psychobiology, Pathology, and Therapy. In all sections, the editors have preserved and carefully reproduced Dr. Meyer's constant digression from the details of a point in discussion to the basically biological, humanistic, and melioristic philosophy which was the bedrock foundation of his approach to people, sick and well.

Appropriately enough, over half of the text is given over to the section on Psychobiology. Meyer's deep and continued interest in the fields of pathology and neurology, with his interest in the operationalism of Charles S. Peirce and John Dewey, combined to form a consistent, austere but genetic-dynamic interest in the observable and describable facts of the mentally ill. His bold statement, in 1906, that schizophrenic disorders were to be understood in terms of factors in the patient's life experience was one expression of Meyer's insistence on the independent life and validity of the field

of the psychological. In this chapter are set out Meyer's definition of science as disciplined and critical common sense, his basic conceptions of continuity and discontinuity in the material of the separate sciences as embodied in the concept of 'integration', and his synthesis of clinical facts as 'an experiment of nature'. Of particular interest is the characterization here of the myth as the paradigm of the story of man.

Due largely to Meyer's tremendous influence, much of the general point of view embodied in this and the subsequent chapters is a solidly built-in orientation in American psychiatry today. Many comments and observations, some of them made in passing, stand out as fresh wisdom. In this time of emphasis on interdisciplinary research, the following comment, for example, is timely. 'There is much concern today about coöperation. Too often this is more of a general yearning with little regard for the limitations of the actual operation and for the practical difficulties in attaining even a limited consensus on the questions referred to special workers.'

The sections on Pathology and on Therapy are much shorter and quite general in their approach. As in the first section, much interesting history is woven into them. In the section on Pathology, of particular note is Meyer's pluralistic approach to etiology and his emphasis on the symbolizing function as the special attribute of man. In respect to the ever-present 'either-or' dichotomy involving organic versus functional causes in mental illness, one succinct statement deserves quotation: 'All I say is that the problem of structure is at the present time only a problem of research and the functional data are available for actual work with the patient'. The section on Therapy will interest chiefly those who deal with the hospitalized patient. It reflects an authoritative and benign approach and deals more with the general philosophy of a therapeutic approach than with details or specific problems. It is the shortest and least interesting section of the book. The editors have added a useful and carefully validated appendix of the terms and concepts that are intrinsic to the lectures and to Meyer's work. An additional section of bibliographic information is too fragmentary to be consistently serviceable.

This book is an excellent summary and expression of Meyer's successful assertion of the need for full recognition of the place of psychiatry within the ranks of the medical disciplines. It cannot fail

to interest, from one or another point of view, the worker in clinical psychiatry. There is much in this volume that should be congenial and instructive to the analyst as clinician. It will be of particular interest to the many former students of Dr. Meyer, for whom, as for the reviewer, it must also evoke the most personal and affectionate memories of his person, his teaching, and the high esteem in which he was held.

EUGENE MEYER (BALTIMORE)

THE AGE OF PSYCHOLOGY. By Ernest Havemann. New York: Simon & Schuster, 1957. 115 pp.

This small volume was first published in *Life* magazine and presumably seen by millions of readers. Polychromatic pages revealed a new science unobtrusively guiding our daily decisions, and described this latter-day guardian angel with a minimum of sensationalism or errors. To a psychoanalyst, the most admirable section of the book is that on psychology, on testing as used in the armed forces, in industry, and in schools, and on motivational research. Yet in his chapters, the *A B C of Psychoanalysis* and *Does Psychoanalysis Work?*, the author presents the id, the ego, the superego, the oedipal situation, free association, transference, resistance, and working through in terms so simple that the *Life* reader could grasp his meaning with scanty mental effort. However, when the *Life* reader has done so, the words will be as sounding brass and tinkling cymbals to him unless they arouse some twinge of anxiety or solve some painful puzzle.

The author sympathetically portrays the economic stresses and occupational hazards of the analyst as he rescues him from the distortions of novelist and playwright, making him appear less like Dr. Faustus and more like Mr. Babbitt. Apologetically, the author mentions some of Freud's errors in fact and judgment. These are, of course, no gauges of the therapeutic value of analysis but the *Life* reader, trained in accuracy by railroad timetables and verniers, would not understand this. Modest appraisals by analysts of their results are quoted. Suitable and accurate as their statements are in the scientific and conservative milieu of an analytic institute, they appear pitiful when printed on the same page as the emphatic praises of a huckster shouting his wares to the *Life* reader.

The author considers psychoanalysis as 'the greatest of all the great hopes which our psychological age holds out to a struggling humanity' and 'freudianism the most inspiring and illuminating approach yet to the murky secrets of the human personality'. It would be interesting to know whether the *Life* reader responded to these statements, or to the less positive comments quoted above.

One of the first comments on this work was a cartoon in *The New Yorker* in which their classic analyst tells his patient that he has studied extensively here and in Vienna, but, on the other hand, has never read the current articles in *Life* as she has. Now that the series is reprinted in so handy a form as this, the analyst would do well to catch up with the lady on the couch.

GERALDINE PEDERSON-KRAG (NORTHPORT, NEW YORK)

DEVELOPMENTS IN THE RORSCHACH TECHNIQUE. VOL. II: FIELDS OF APPLICATION. By Bruno Klopfer, et al. Yonkers, New York: World Book Co., 1956. 828 pp.

True to its aim, the second volume of this work deals with the Rorschach technique in its practical applications. It is divided into four parts: 1, Genetic Psychology; 2, Medical Psychology; 3, Social Psychology, Anthropology, and Industrial Psychology; 4, Diagnostic Practice and Projective Theory. An exhaustive bibliography, consisting of an alphabetical and a classified section, and cumulative indexes of both volumes, subdivided for names and subject matter, greatly enhance the value of the work.

Psychoanalysts will probably find the first two sections of greatest interest. In fact, the contributions which the Rorschach technique has made to problems of child development are intricately related to the hypotheses underlying interpretations of Rorschach protocols of mental patients. Rorschach studies of children have demonstrated that concept formation and perception, i.e., reaction to specific stimuli, develop in typical age patterns. These questions are discussed by Klopfer, Spiegelman, Fox, and Meili-Dworetzki.

It is usually surprising to learn that a Rorschach can be administered to very small children, a mental age of three being considered the base limit. The very young child (age two to four) seems to react to the entire testing situation rather than to the test stimulus proper. If its first response meets with approval, it tends to persevere and

will give the same response to the majority of cards. In the next stage, that of confabulation (age three to five), the child gives different responses to many cards, but its concept conforms to only one aspect of the blot, whereas the rest of the blot area is used in an arbitrary manner; for instance, if one part of the blot looks like whiskers, the child calls the whole blot a cat regardless of the shape. At the stage of confabulatory combinations (age four to six), the child has become predominantly reality oriented, but only in the specifications of its percepts. Otherwise, it thinks nothing of assigning the same blot areas to different parts of its concept from different views and does not seem disturbed if it has to distort its inner image to make that image fit its concept of reality. Another significant aspect of this stage is the indifference to contradiction or, psychoanalytically speaking, to ambivalence. Finally, with regard to thought processes proper, hierarchical organization and the ability to comprehend spatial relations are still absent.

An experiment carried out by Meili-Dworetzki on the development of perception investigates the emergence of human movement responses in relation to the decrease of the influence of color and to an increase in shading responses. These quantitative relationships are considered as indicative of the development of the ability to delay gratification on the one hand, and to become sensitive to affective needs on the other.

In a final chapter on genetic psychology, Walter Klopfer examines Rorschach responses in the aged. It comes as no surprise that a shrinking seems to take place in quantity and quality of productions, probably reflecting the psychological neglect to which this group has been exposed in our culture. The shrinking can be reversed if proper 'moral support' is given to aging subjects. In other words, prevention of intellectual and emotional impoverishment emerges as a crying need at both ends of life.

In keeping with the scientific structure of the book, the section on medical psychology is not a nosological cookbook for diagnosticians but a challenge to thinking. The first part deals with practical and theoretical aspects of the appropriate use of the Rorschach in the clinical situation. In the chapter on differential diagnosis, the authors depart entirely from any nosological scheme. Instead they 'first investigate perceptual and conceptual disturbances of thought processes as revealed in the Rorschach, which seem to be essential

for . . . differentiation between neurosis and psychosis . . . [and] related to the clinical dimension of reality testing. Second, [they] analyze the Rorschach characteristics of affective functioning which serve essentially the same purpose, although the differentiation is from a different approach. This topic is related to the clinical dimension of degree and type of investment of vital energy in ego-defensive mechanisms. Third, [they] combine these two approaches in order to arrive at a continuous schema of decreasing ego strength. This has proved to be of value not only in differential diagnosis but also in planning for therapy' (p. 281). The schema of decreasing ego strength in the form of a graph (p. 312), in which the axes represent impairment of reality testing and ego defensiveness respectively, seems predominantly of global theoretical interest. The final part of the section on medical psychology consists of an extensive discussion of the contribution of the Rorschach technique to neurology.

The third section of the present volume exemplifies the use of the Rorschach technique in social and industrial psychology and in anthropology. Part 4 'was added as a concluding section to both Volumes I and II in order to reweave the Rorschach technique, after its necessary isolation, into the general field of projective techniques'.

This reviewer's criticism of the first volume¹ applies to the second as well and may be briefly summarized: less would have been more. In the ambitious effort to survey the whole field from all aspects, material of uneven value has been given equal consideration. However, this seems a minor complaint in the face of a major achievement and these two volumes should stimulate a great deal of re-thinking of old ideas, of re-evaluation of shopworn concepts, and of research along new lines.

GERTRUD M. KURTH (NEW YORK)

PARAPSYCHOLOGY. FRONTIER SCIENCE OF THE MIND. By J. B. Rhine and J. G. Pratt. Springfield, Illinois: Charles C Thomas, 1957. 220 pp.

This book, written in the style of an undergraduate textbook, is intended as an introductory survey of present knowledge in the field

¹ Cf. This QUARTERLY, XXIV, 1955, pp. 595-597.

of parapsychology. For the most part it is experimentally oriented and based largely on the work done at the Duke University Parapsychology Laboratory over the past three decades. Part I deals with definitions and basic concepts, research methods, classes of data and some suggested lines of integration of parapsychology with physics, psychology, and other fields. A representative, if by no means comprehensive, set of bibliographic references is given at the end of each chapter. Part II, dealing with testing techniques and statistical methods, provides valuable hints for the beginner in the field. Some handy statistical tables are appended. The reader who wishes a more critical introduction to the experimental side of the field might do well to start with *Extra-Sensory Perception After Sixty Years* (1940) by the authors of the present volume and others.

JULE EISENBUD (DENVER)

ABSTRACTS

Journal of the American Psychoanalytic Association. II, 1954.

The Widening Scope of Indications for Psychoanalysis. Leo Stone. Pp. 567-594.

Freud believed analysis the best treatment for transference psychoneuroses and the related character disturbances. Abraham, Simmel, Jones, Anna Freud, Aichhorn, and the Eisslers would apply analysis to perversions, schizophrenia, psychosomatic disorders, and 'borderline' cases. Stone warns against the over-enthusiastic and unrealistic expectations of some doctors and laymen who recommend analysis for unsuitable cases. Psychoanalysis is better reserved for potentially strong persons with serious chronic illnesses than for those with trivial, incipient, or reactive illnesses, or those with feeble resources.

Psychoanalysis is differentiated from other interpretative psychotherapies by its mobilization and ultimate dissolution of transference and its method of interpretation. To Freud's original definition of psychoanalysis as any procedure that utilizes principles of transference and resistance, Stone adds the following elements as indispensable: the unconscious, the libido theory, the power of infantile sexuality, and the genetic principle. How far can the classical psychoanalytic method be modified for treatment of 'borderline' patients and still be regarded as psychoanalysis? Eissler's 'parameters' are within the definition as long as they are directed toward the aim of psychoanalysis.

Stone discusses the amenability to analysis of various kinds of patient, from the frank severe psychotic to the mildly psychotic (whose symptoms seem ego-alien), the 'borderline' cases, addicts, and perverts. 'Borderline' patients seem to present classical psychoneurotic symptoms behind which lie grave illness with psychotic fragments, suspiciously narcissistic phenomena, severe character distortions, quasi addictions, or severe disturbances in personal relations. These patients, like psychotics, are strongly narcissistic. Stone describes 'transference psychoses' with narcissistic transference phenomena, including extreme detachment caused by fear that the transference will engulf the entire personality, and confusions of identity of the self due to narcissistic union with the analyst. Some patients need the security of sensing a personal relationship with one analyst.

Preformed psychosis does not exist in latent form in the adult to appear only because it is 'uncovered' in analysis. Extensive diagnostic interviews may be necessary to reveal psychotic and narcissistic fragments in the patient. Certain personality traits affect the accessibility to treatment; these include talents for sublimation, capacities for self-observation, and the patient's expectations.

Transference Problems in the Psychoanalytic Treatment of Severely Depressive Patients. Edith Jacobson. Pp. 595-606.

Jacobson discusses analysis of depressed patients diagnosed as 'borderline', manic-depressive, or schizophrenic. Their defenses find expression in ego distortions, superego defects, disturbances in object relations, and severe pathology in affects, and require much analytic work in these areas. The analyst becomes

the central love object and the center of the depressive conflict, and as treatment progresses the patient may develop more serious depressive states with periods of deeper ego and id regression,—an apparent negative therapeutic reaction.

Treatment characteristically has several phases: an initial spurious transference success, an ensuing period of hidden negative transference with corresponding negative therapeutic reactions (more severe states of depression), a state of dangerous introjective defenses and narcissistic retreat, and a final phase of gradual constructive solution of conflict. Analysis is most successful in those patients who, when not depressed, show mild hypomanic and compulsive attitudes. Jacobson illustrates the technical problem of how to allow the intensely ambivalent transference to develop and yet prevent the patient from ending his treatment in resistance, with severe depression or retreat from the analyst. The analyst must be aware of the emotional quality of his own responses (this is more important than the frequency of sessions), his empathic tie to the patient (warmth, understanding, and respect but not overkindness and sympathy), and the necessity, at times when narcissistic withdrawal threatens, that he show a more active interest in the patient's daily activities. Often even the careful analyst's interpretations and attitudes will be taken as a seductive promise, as a severe rejection and lack of understanding, and as a sadistic punishment, all of which may increase the insatiable demands, the frustration, ambivalence, and ultimately the depression. Most lasting therapeutic results are obtained if the analysis progresses to the point where preedipal fantasies and impulses can be interpreted. However this is not always possible and interpretations may have to be limited to the area of conflicts of ego-superego and of transference, in terms of introjective and projective mechanisms rather than in terms of the deep fantasies of incorporation and ejection. Irruptions of the id should not be interpreted too early except as regressive defenses.

JAY SHORR

The Widening Scope of Indications for Psychoanalysis: Discussion. Anna Freud. Pp. 607-620.

Anna Freud discusses these two papers. Stone speaks of 'parameters', modifications of technique for special problems. Miss Freud believes that modifications are often the result of changes in theory. Variations of technique are elicited by four causes: 1, special conditions in the case; 2, variations in theory; 3, the 'style' and interests of the analyst; 4, the 'style' of the patient which elicits (or 'permits') certain attitudes in the analyst. Stone favors treatment of patients with severely impaired ego function but Miss Freud believes we should devote more time to work with hysteric, phobic, and compulsive patients.

The rest of her discussion deals with problems of transference. After a brief allusion to the classical problem of transference with the narcissistic character, she elaborates on other special types. There is the ego traumatized by separation from mother during the first year of life. The failure to establish a love object in the 'object libidinal' sense tends to persist, with inability to concentrate libido on one object. The transference onto the analyst is thus

limited to that of a 'need-satisfying object'. Such a transference is unable to withstand the frustrations of analytic work. Miss Freud asks: If the analyst decides to serve as the kind of object such a patient demands before he can tolerate frustration, is not this relationship incompatible with later analytic work? Another problem is the ego that results from an unsatisfactory relationship to the mother. The ego tries to correct this unsatisfactory experience by identification with mother's love objects; this identification interferes with a workable transference. Analysis must first undo these ego distortions 'and retransform them into the object relations from which they are derived' before the analysis can proceed.

Miss Freud gives several striking examples of the 'marginal' transference to an analyst supposed omnipotent, as described by both Stone and Jacobson. She suspects this condition is often unrevealed and not analyzed; it is a common problem of countertransference.

Transference and Countertransference: A Historical Survey. Douglass W. Orr. Pp. 621-670.

According to Freud, transference is the acting out of unconscious fantasies as a defense against remembering. Orr describes the modifications of this concept by Klein, Horney, Sullivan, and others. He states the arguments for activity and passivity in the analyst's management of the transference. Remarks by Ferenczi and Glover illustrate these two kinds of technique. Orr also discusses the various schools of psychoanalysis, with emphasis on the 'short analysis' of the Chicago school. The 'active' psychoanalysts tend to exploit the transference by manipulation rather than interpret it. The analyst is said to become an impartial adviser, the analysis serving as a corrective experience rather than a repetitive one. (Surely there is inconsistency here. Short analysis is partly based on the idea that the neurotic will learn by experience alone, a theory that will be disputed by most analysts on the bases of experience and theory. The adult neurotic is unable to profit by experience unless the infantile conflict is analyzed, and for this the transference neurosis must be interpreted.)

Disagreement also exists over the definition of countertransference. Is it everything the analyst feels toward the patient, or only those attitudes derived from the analyst's repressed infantile history? It is clinically useful to subdivide the phenomena of countertransference into, for example, habitual tendencies in the analyst, temporary acting out in special situations, and reactions to patients in general. The analyst needs frequent periods of introspection. Orr discusses technical problems of countertransference and the current disagreements over how much of the countertransference is to be communicated to the patient. There is always the danger that this may become a 'confession', an added burden for the patient.

STUART ASCH

The Role of Transference: Practical Considerations in Relation to Psychoanalytic Therapy. Phyllis Greenacre. Pp. 671-684.

Greenacre describes the nature of transference, including the firm basic trans-

ference patterned on the relation of mother and child. Some analysts encourage development of transference neurosis by avoiding intervention. The past attitudes, experiences, and fantasies of the patient with their full emotional accompaniment are re-enacted with the analyst as the main figure of significance to the patient. Other analysts avoid development of the full transference; they utilize the basic transference for suggestion, guidance, and corrective emotional experiences. New experiences serve to change the old responses and behavior without specific analysis of the old patterns.

How one manages transference determines the spacing of sessions, their frequency and length, the analyst's flexibility, the limitation of diverting influences and intrusions, the necessity of strict preservation of the confidences of the patient, and the elimination of other relationships with the patient.

JAY SHORR

Some Quantitative Aspects of Psychoanalytic Technique. Franz Alexander. Pp. 685-701.

Alexander dates his interest in experimentation with quantitative factors in psychoanalytic treatment from 1925, the year of *The Development of Psychoanalysis* by Rank and Ferenczi. He now considers what measures in treatment bring about a useful transference and therapeutic success. He suggests that in the initial stages of analysis neutrality should be preserved until the transference neurosis develops, then countertransference attitudes should be controlled by the analyst to create an analytic atmosphere opposite to that currently experienced by the patient in the transference. This prevents the transference from becoming too intense and consequently unusable. In technique the most important quantitative problem is resolution of the patient's dependency within the transference. In the course of treatment the transference neurosis offers increasing gratification of wishes for dependency because of the regressive processes inherent in analysis. The current overemphasis on pregenital factors by analysts in their work with patients furthers this regression. To combat it, the analyst should 'drive the patient against the oedipal barrier' both by interpretation and by reducing the number of interviews. The latter method is an effective way of bringing the dependency needs into consciousness and is indicated in 'most cases'. Analysts should reserve the exploration of the pregenital phases primarily for schizophrenia, the perversions, and other definitely precordial disturbances. Finally, Alexander deals briefly with patients' experiences with the therapist outside of therapy, planned interruptions, and the giving of advice. All have their places in regulating the intensity of transference.

This paper is essentially a further exposition of Alexander's controversial views about the need of modifications of psychoanalytic technique. Two brief case reports are included. The first is intended to show how an analysis was interrupted because of the analyst's failure to play a role in the transference in response to the patient's intrapsychic conflicts. The case might also be appraised more simply by showing that the analyst failed to meet a real problem, the setting of an equitable fee.

The Importance of Flexibility in Psychoanalytic Technique. Edith Weigert. Pp. 702-710.

Flexibility in technique is essential for the development of psychoanalysis. Rigidity becomes a defense against intuitive insight. As the indications for analysis are broadened, technique must become more varied. Rigidity of the superego in the early stages may be softened by re-education, the analyst through his personal influence acting as 'an auxiliary superego'. Weigert examines several basic rules of analytic technique. The fundamental rule cannot be enforced, and the patient's circumventions of it provide essential information as to resistances. The rule of 'no major decisions' should be used flexibly to avoid precipitating acting out or re-enforcing the defenses of the patient advanced in analysis who avoids new responsibilities. Permitting the patient to change from the reclining to the sitting position reveals new defenses and 'impulsive derivatives'. A rigidly maintained rule of frequency is against the spirit of the rule of abstinence and gratifies the patient's need for dependency. Analysis of the schizoid patient should be spread over a long period to allow time for the process of maturation and assimilation of experiences, while for cycloid patients to undergo the frustration of coming to the analyst less often allows them to experience the infantile dependency needs in the transference and avoids intellectualization. The neurotic patient advanced in analysis is encouraged in his self-sufficiency by a reduction of hours. In general, flexibility in determining frequency meets the therapeutic needs of the patient just as demand feeding betters the rapport between infant and mother. Further improvements of technique will follow upon frank assessments of countertransference resistances both by group discussions and by case reports.

PETER RICHTER

Psychoanalytic and General Dynamic Conceptions of Theory and of Therapy: Differences and Similarities. Frieda Fromm-Reichmann. Pp. 711-721.

Fromm-Reichmann compares psychoanalytic with 'dynamic' therapy with reference to concepts of childhood development, the unconscious, transference and resistance, and the problems of anxiety. 'Dynamic' psychiatry describes development in terms of developmental phases of 'interpersonal relations', not in terms of psychosexual development. This leads to differences in interpretations in the transference. Repression as generally understood in psychoanalysis is not accepted, nor is the existence of an innate unconscious or preconscious. According to Fromm-Reichmann, focus in both psychoanalysis and 'dynamic' psychiatry has shifted from the content of the repressed to the anxiety aroused by unearthing the repressed. She presents a hypothesis concerning anxiety and emphasizes the importance of better understanding this problem.

JAY SHORR

Psychoanalysis and Psychotherapy. Franz Alexander. Pp. 722-733.

Alexander begins by tracing the development of psychiatry from its be-

ginnings as a common-sense, intuitive art to its present position as a science based upon knowledge of human illness. 'Psychiatry is not only ready but eager to assimilate in an undiluted form the teachings of Freud . . . it became our responsibility to guide and facilitate this process of incorporation.' The logic of psychoanalysis will lead to 'the absorption of psychoanalytic theory and practice into psychiatry and medicine in the not too distant future'. Alexander divides psychotherapy into two categories, the supportive and the uncovering procedures. All uncovering procedures are aimed at increasing the ability of the ego to meet unconscious conflict, while supportive procedures are aimed at meeting acute stress. He enumerates five supportive measures: gratifying dependency needs; abreaction; objectively reviewing the stress, thus assisting the patient's temporarily impaired judgment; strengthening the neurotic defenses; and manipulation of the patient's situation. From the beginning of treatment the formation of a regressive dependent transference must be controlled by keeping the patient aware of his wishes for dependency by frustration of them. This cannot be achieved by interpretation alone. These procedures make it possible to treat many patients who would otherwise fall into the category of 'interminable cases'. It is emphasized that the use of such measures requires as much technical and theoretical preparation as psychoanalysis. The classical psychoanalytic method is differentiated from other uncovering procedures mainly in 'quantitative respects',—that is, the criterion is whether the procedural method is primarily supportive or uncovering. The method should be selected to fit the patient, not the patient to fit the method. 'Psychoanalytic' should be used to identify all procedures using the same concepts, observations, and technical principles as psychoanalysis, while 'psychoanalysis' is to be retained as the trademark for the classical procedure.

Flexible use of psychoanalytic principles requires more knowledge than the use of the classical procedure. The recommendations by the Chicago Institute for Psychoanalysis for reducing the dependency in transference to workable levels is opposed, Alexander believes, not because of theoretical considerations but rather because reduction in frequency would abolish the barrier between psychotherapy and psychoanalysis.

Alexander's views on the present readiness of psychiatry to embrace the whole of psychoanalytic theory and practice may well be seriously questioned by both analysts and psychiatrists. This paper, moreover, contains an interesting and seemingly important change in his views as to when the dependency needs of the patient should be frustrated. In *Some Quantitative Aspects of Psychoanalytic Technique*, abstracted above, he states clearly that neutrality should be preserved until the transference neurosis develops, while here he suggests frustrations of the dependency needs from the very beginning of treatment.

PETER RICHTER

Similarities and Differences Between Psychoanalysis and Dynamic Psychotherapy. Leo Rangell. Pp. 734-744.

Psychoanalysis and 'dynamic' psychotherapy are psychological methods of treatment; they are rational psychotherapies derived from the psychoanalytic

metapsychology. Whereas in psychoanalysis technique is directed at the production of conditions most favorable to the development, understanding, and complete resolution of the transference neurosis, in 'dynamic' psychotherapy the therapist's activity often involves teaching, suggestion, the setting of examples, or proving a point. It is not intended to further the development and resolution of the full transference neurosis, but rather it seeks an intermediate point of stability. There are indications and contraindications for each type of treatment.

JAY SHORR

Psychoanalysis and the Dynamic Psychotherapies. Edward Bibring. Pp. 745-770.

Bibring offers a comparative study of the methods of psychotherapy. He outlines five basic techniques: 1. *Suggestion* takes place within the transference (which is a primitive one in superficial therapy); the aim is symptomatic change. 2. *Abreaction*, the expression of emotion, has curative value; in analysis its use is limited to providing conviction through emotional reliving of past conflicts. 3. *Manipulation*: to the ordinary meanings of the term, Bibring adds the influence of experiences stimulated by the treatment. 4. *Insight by clarification* is defining unclear conscious or preconscious understanding; this results in shifting cathexis from the pathological complex onto the observing and critical part of the ego, thus strengthening the ego by increased objectivity. 5. *Insight by interpretation* refers only to unconscious thoughts; the ego must at first become even more involved by the reactivation of old memories and is strengthened by finding more adequate solutions of pathogenic infantile conflicts.

Bibring notes a current shift toward more use of manipulative measures and less effort to facilitate insight. Alexander and French believe that 'the role of insight is overrated'. Bibring himself in this article, by defining and delineating techniques, is offering us 'clarification' so that we may with more detachment observe with our critical faculties our departures from classical theory and technique.

STUART ASCH

Psychoanalysis and Exploratory Psychotherapy. Merton M. Gill. Pp. 771-797.

Gill points out that a basic problem in discussing the relation of psychotherapy to psychoanalysis lies in our confused and overlapping terminology. He would reserve the term 'psychoanalysis' for the classical psychoanalytic method and include under psychotherapy all other methods and modifications. He does not entirely agree with those who believe that no structural modification of the ego can be achieved through psychotherapy. His definition of psychoanalysis stresses the neutrality of the analyst, the resultant development of a regressive transference neurosis, and its resolution through interpretation alone. Neutrality is not a lack of responsiveness but rather a 'benevolent friendliness' of attitude which forms a baseline of consistent behavior. Regression is given impetus by

such trappings of the analytic situation as the recumbent position and the lack of gratifications, but its regulation is dependent solely upon the analyst's interpretations. The actualized latent conflict can be freed only through the regressive transference neurosis. A 'parameter' is defined not descriptively but entirely by consideration of whether or not it is capable of being undone through subsequent interpretation.

In exploratory psychotherapy there is no neutrality; the therapist aids the patient with his decisions, emphasizes reality, and, though he may occasionally utilize the transference for interpretation, he actively discourages the development of a transference neurosis. The goals of the two methods differ: permanent modification of the ego is the goal in analysis, whereas in psychotherapy there is a range of objectives. Some modification of the ego is possible in prolonged psychotherapy that is nearer to the nondirective technique of analysis. This is possible for several reasons. 1. Exploratory psychotherapy occupies today a new position, no longer at an opposite pole to analysis. 2. It is possible for the ego to be altered by suggestion. (Here Gill emphasizes partial resolution of the transference.) 3. Many analysts today emphasize the adaptational approach. 4. Ego structure has not been thoroughly correlated with symptoms. Gill examines all these points in the light of current ego psychology and suggests that derivative conflicts may be autonomous and consequently resolvable though the basic conflict persists untouched.

Often in this carefully constructed and thoughtful paper the author pauses to make penetrating evaluations of current modifications of psychoanalytic method, particularly those of Alexander and Fromm-Reichmann. Although early in the paper Gill distinguishes sharply between the classical analytic method and the exploratory technique, particularly in regard to the therapist's activity and the role of the regressive transference neurosis, he somewhat confuses his position by a later shift of emphasis in both these respects.

PETER RICHTER

Psychoanalytic Review. XLIV, 1957.

Post-Edipal Psychodynamics. Carlos J. Dalmau. Pp. 1-9.

The author suggests that emotional growth is achieved through cyclic regressive defenses, each at a different plane of performance but directly related to preedipal instinctual roots. Frustrated passive libidinal strivings trigger aggressive sadistic drives. Similarly, passive genital (edipal) strivings give rise to genital sadistic drives against the parent of the opposite sex, with (male) anal regression and (female) clitoridean shift and denial of genitality. Psychoses are regressive defenses against acting out of destructive impulses. These cyclic repetitions of instinctual conflicts may be displaced onto social equivalents. Only by this hypothesis, Dalmau believes, can we understand how seriously pathologic leaders and thinkers may nevertheless exert powerful influence on society.

Oedipus and the Sphinx. T. Thau-Thienemann. Pp. 10-33.

The Sphinx differs from other treasure-guarding monsters: her treasure was

not material wealth but knowledge, the secret of the sexual riddle. While treasure seekers killed other dragons, the Sphinx, defeated by insight and knowledge, killed herself 'when her secret is broken in time of sexual maturation'. The primary anxiety connected with the sexual riddle shapes the pattern of all subsequent anxiety arising from the unknown. The author believes that the unveiling of the riddle, the acquisition of the hidden treasure, is ultimately detrimental for man: '... a curse lies upon this knowledge', the dragon-killer ultimately falling victim to his victory over unconscious fantasies. Oedipus 'personifies the final defeat of the conscious self-evident thinking and the victory of the Sphinx, of the psychic forces which are hidden in the unknown and the unconscious of the own self'.

The Role of the Body Image in Psychotherapy with the Physically Handicapped. Stanley H. Cath, Erik Glud, and Howard T. Blane. Pp. 34-40.

These patients present all the difficulties of any psychotherapy, besides the severe depression, guilt, and hostility associated with a distorted body and body image. They face problems of dealing with the trauma, regression, the need to deny, and the need to come to terms with the discrepancy between body image and body structure.

Neurosis in Speaking. Dominick A. Barbara. Pp. 41-50.

The author describes several predominant types of neurotic speakers whose personality problems are reflected in their mode of speaking.

Existential Analysis. L. Binswanger's *Daseinsanalyse*. Jacob Blauner. Pp. 51-64.

Binswanger, one of Freud's early disciples, 'is an ardent partisan' of analysis but believes Freud was caught in the strait jacket of natural science with its splitting of subject and object: man, as total being, gets lost in the analytic (dissecting) process. The goal of existential analysis is to see man's relation to the world, and what kind of world it is in which he exists. Human experience is at the core of this philosophy; man is the one frame of reference.

Generic Relations Between Anxiety and Fear. Harry C. Leavitt. Pp. 65-72.

Fear and anxiety are not synonymous and should not be so used. Neurotic anxiety serves the useful purpose of leading one to avoid situations which activate repressed conflict, and can compel the ego to strengthen defensive mechanisms. Fear is not a 'forewarning mechanism', anxiety is.

Relations Between Conditioned Patterns and Superego Development. Harry C. Leavitt. Pp. 73-80.

Origins of the superego are closely linked to the earliest feelings of inferiority, inadequacy, and unworthiness resulting from physical defeat by one's peers and

shaming by parents. The child attempts therefore to achieve superior moral and ethical stature in its superego but failure here evokes further feelings of inferiority and unworthiness. Later, such feelings appear even in the absence of competition. Shame may be the only conscious component, the other elements of superego punishment being repressed.

Common Forms of Resistance in Group Psychotherapy. Benjamin Kotkov. Pp. 88-96.

Group therapy, like individual treatment, should be directed to resistances rather than to recollection of repressed memories. Resistance in groups is of several kinds: silence, which defends against various real or fantasied hazards; hostility, which may be obvious or projected, and may be a denial of fear or serve other purposes; the need to believe that symptoms are physical in origin; and scepticism or cynicism regarding the efficacy of treatment.

The Psychological Nature of Sex. Chandler Bennitt. Pp. 97-105.

'The apparent assumption throughout psychoanalytic writing and practice is that the real sexual fact is physical copulation. Everything else is taken actually for ersatz whether as a defensive substitute or as a socially valuable but nevertheless sexually denatured sublimation.' On this premise, the author discusses what he sees as weaknesses and discrepancies in the freudian libido theory. He explores the metapsychology of meaning, symbol, actuality, masculinity, femininity, and other concepts.

A Case of Phobia of Darkness. V. K. Alexander. Pp. 106-109.

'Years after accidentally contributing to the death of a young boy, a young man developed a phobia, various anxieties, frank sexual drives toward the dead boy's mother, and other symptoms. Analysis revealed typical œdipal problems. Using this and other cases, Alexander suggests that the concept of Satan is the result of the repressions and projections of the œdipal situation.'

JOSEPH LANDER

Bulletin of the Philadelphia Association for Psychoanalysis. V, 1955.

A Brief Survey of Psychosis in Children. Gerald H. J. Pearson. Pp. 15-19.

During the latency period there are two types of schizophrenia. The first is early paranoid schizophrenia with strong bisexuality, strong fear of powerful unconscious homosexual impulses, and an attempt to solve the conflict by use of paranoid mechanisms. This conflict and its solution can occur only after the œdipus conflict has been repressed and the superego has developed. The condition sets in after the early part of the latency period has passed. The second type should be labeled a preparanoid schizophrenia. It occurs more often in

boys. The behavior is extremely antisocial; no children are more destructive or worse behaved. Typically, the father is absent or is weak and incompetent, and the mother is overbearing and subdues any masculine traits in the child. Once this has been accomplished, she turns on him and taunts him for his passivity and 'sissiness'. He responds by denying his passivity through extreme activity and aggressive behavior. As adolescence begins, the resurgence of sexuality causes an increase in the child's homosexual desires, which have been overstimulated since early childhood. He then becomes a passive homosexual, or if this solution causes too much conflict, he resorts to mechanisms of paranoid schizophrenia.

Children with psychotic manifestations in the prelatency period have no real relationship with other persons. The child does not understand what is self and what is not self. The main problem is its fear of its angers and hatreds. Treatment should be directed first to making the child's relation to the therapist like that to a mother. A modified psychoanalytic technique may then be used.

Aspects of a Case of Neurotic Acting Out. Robert L. Hunt. Pp. 33-42.

A thirty-two-year-old clergyman acted out his impulses throughout his life. Analysis showed that this was a defense of the ego to maintain repression of guilt feelings. The unconscious guilt was connected with his oedipal hatred of his father. The repetitious character of his acting out appeared to be a belated effort to master the oedipus complex. Its purpose was to demonstrate that he really had nothing to fear, that he was the powerful one, that he had good reason to hate his father, and therefore need not feel guilty.

Acting out in this patient had several causes: the strength of his repressed fantasies; a disturbing situation in his current life; the narcissism of his ego, weakened by long dependency upon a narcissistic mother; unconscious encouragement by his mother to act out by her condoning his antisocial behavior; and defects in the introjected father which offered a defense against guilt to his ego.

The Fear of Going Berserk. Gerald H. J. Pearson. Pp. 43-44.

The fear of going berserk is a fear of motor activity that will culminate in some destructive or murderous act. In patients who suffer from this fear, motor activity was unreasonably curbed in childhood by the parents. Motor development and motor activities are more important in the lives of both child and adult than is generally recognized. Motor activities in childhood should not be unnecessarily restricted.

Dreams and Affects. Samuel A. Guttman. Pp. 45-53.

Sometimes the patient presents a dream in which a psychical complex has clearly been influenced by the censorship imposed by resistance. Guttman recommends inquiring into the affects experienced by the dreamer in the dream. The affects have been least influenced, and associations to them supply the missing

thoughts. The analyst can ascertain the circumstances under which the patient has had similar feelings, and thus the patient's ego can become aware of and cope with affects previously not handled satisfactorily.

An Early Recognition of Sex Differences. Albert S. Terzian. P. 56.

The subjects of this study are two brothers. The elder, at nineteen months, observed his mother undressed and asked, 'Hasn't any Mommies penis?'. The mother answered that girls do not have a penis, only boys do. He repeated his question daily for three months, and received the same answer. One day in desperation he said, 'It must be hidden under the hair'. Again, at twenty-six months, while on the toilet, he asked his mother if his penis could fall into the toilet like his feces.

A brother was born when this first child was three and a half, and a sister when he was five years old. When the infant sister was observed by the younger boy, now nineteen months old, he became apprehensive. He held both hands over his genitals, pointing to his brother and then to his father. He looked at his mother and sister with a pained expression. The child could not yet speak. This disturbed behavior continued for more than a week, when the older boy volunteered the theory that his younger brother was frightened when he first saw 'that thing' on her 'belly button' because he must have thought it was her penis. When it fell off he probably thought 'somebody cut it off and that's why she's a girl'. Both boys became aware of the difference between the sexes at the same age, nineteen months.

MYRON HERMAN

Bulletin of the Menninger Clinic. XX, 1956.

From Aristotle to Freud. Ishak Ramzy. Pp. 112-123.

The author describes the influence on Freud's thought of certain of his predecessors and contemporaries. Freud stated that Darwin's theories and Goethe's essay on nature were factors in his decision to become a medical student. The six years he spent at the Brücke Institute 'probably provided him with the basic elements of his theories that culminated later in his discovery of psychoanalysis'. Two currents of thought that influenced Freud strongly at the Brücke Institute were the 'evolutionistic orientation' of Darwin and the physiology of Helmholtz. Brentano's courses on Aristotle exerted another important influence on Freud. 'Whenever students of Freud find it hard to follow one part or the other of his theories, it would probably be of help to go back to some of Aristotle's doctrines. The libido theory and the supremacy of genitality could perhaps be more easily understood if one recalls Aristotle's view that the higher levels of organization contain the lower levels and something more.'

Toward A Dynamic Trace-Theory. Gardner Murphy. Pp. 124-134.

Murphy, using concepts derived from Pavlovian conditioning, Sherrington's work on physiology of the brain, and general physiology, comes to the conclu-

sion that every memory based on the perception of external events and objects has its own drive to reach consciousness independent of the energy it may acquire from 'visceral drives'. He states that 'it is not only the instincts or instinctual residues in the psychoanalytic sense that are the dynamic pushes to behavior. They are of enormous importance and at times overwhelm the individual. But they are simply vivid exemplars of a very general tendency to energy release and redistribution in which the sensory and motor systems are as important as the visceral.'

Dreams and Day Residues: A Study of the Poetzl Observation. Lester Luborsky and Howard Shevrin. Pp. 135-148.

The authors performed (with certain additions) the classic experiment of Poetzl recently repeated by Fisher. Subjects were exposed to a picture for 1/50 of a second and asked to report next morning any dream of that night. The authors attempt to explain why elements often appear in the dream that are not consciously perceived or remembered after the subject's initial exposure to the picture. Because of the short exposure, the perceptual elements remain 'charged'. (Only a more prolonged exposure would 'divest' the elements of their charged personal meaning, and put them in the secondary process so that they could be consciously recalled.) That these elements may then appear in the dream suggests to the authors that the ego may 'use the least conscious layers of the personality to re-establish the all-important bond with reality'.

A Contribution to the Psychological Understanding of the Character of Don Juan. Lewis L. Robbins. Pp. 166-180.

The author describes the history and analysis of a patient whose character resembled that of the legendary Don Juan. The patient was a man in his late thirties with a presenting complaint of manic depressive episodes, and a history of alcoholism. He was very promiscuous sexually, having had many affairs with the wives of his close friends. With men, he was either grandiose and inconsiderate or childishly compliant. He valued people for their willingness to love him in spite of his provocations. Analysis showed his promiscuity to be an expression of an intense orally colored oedipal attachment to his mother. It was also an attempt at denial of castration anxiety and feelings of inferiority. His bluster and his ingratiating behavior were attempts to cope with feelings of failure and defeat originally experienced at the hands of his father and older brother.

The author quotes Fenichel that the oedipus complex of the Don Juan is 'dominated by the pregenital aim of incorporation, pervaded by narcissistic needs, and tinged with sadistic impulses. In other words, the striving for sexual satisfaction is still condensed with the striving for narcissistic supplies in order to maintain self-esteem.'

Motive and Style in Reality Contact. Philip Holzman and George S. Klein. Pp. 181-191.

Holzman and Klein are mainly concerned with questions relating to differences in the way people experience the same event. They distinguish between two ways in which the perceiver may modify his perceptions. First, there is modification of perception in accordance with temporary states of need: for example, thirst may create a readiness to perceive water. Second, and less commonly considered, there is modification of perception in accordance with fixed perceptual attitudes which are characteristic and constant for any individual and are not necessarily in the service of drive discharge. For example, the subjects in a perceptual experiment varied from each other in a consistent way in their ability to match sizes. The authors suggest a possible relation between an individual's 'perceptual attitudes' and his defenses. They observed that those subjects who used the psychological mechanism of isolation tended to be highly objective and discriminating in their perception of objects (to be 'focusers') whereas those who used repression tended to be nonfocusers. Visual forms that are loosely organized seem to lend themselves to perceptual modification more than those forms that are tightly organized.

Reflections on the Wish of the Analyst to 'Break' or Change the Basic Rule. Sylvia Allen. Pp. 192-200.

The author discusses the inner struggle the analyst must cope with when he contemplates departure from such basic rules as use of free association, use of the couch, and orthodox arrangements as regards time and money. In the process of recognizing a justifiable occasion for breaking these rules, the analyst must struggle with his own introjects of figures of authority: Freud, his training analyst, his parents. Unanalyzed conflicts with these introjects may result in the analyst's feeling like a bad child, even though his innovation is entirely correct.

Fechner and Freud. Henri F. Ellenberger. Pp. 201-214.

Freud once said, 'I was always open to the ideas of G. T. Fechner and have followed that thinker upon many important points'. Fechner and Freud had certain similarities as thinkers and as personalities, so that it is an open question to what extent similarities in their work are the result of Fechner's influence upon Freud. There are several psychoanalytic concepts in which the influence of Fechner is most certain and most direct. One of these is the concept of mental energy that ultimately derived from Fechner's concept of 'psychophysical energy'. The topographical concept of the mind, too, was derived partly from Fechner's work. Fechner stated: 'The seat of action of dreams is different from that of waking ideational life'. Freud, like Fechner before him, liked to state general principles. Freud saw his principle of constancy as a special case of Fechner's principle of a tendency to stability, and Freud's pleasure principle is somewhat similar to one enunciated by Fechner.

The Ancestry of Dynamic Psychotherapy. Henri F. Ellenberger. Pp. 288-299.

The author states that comparative psychotherapy is a new and promising field of research. He comments briefly on three topics: psychotherapy among the American Indians; healing methods of the Temple of Esculapius in ancient Greece; and possession and exorcism. The article is anecdotal and interesting and is concluded with the observation that we see '... among primitive and ancient peoples evidences of subtle therapeutic techniques by means of social reintegration, cultural performances on a high artistic level, symbolic interpretations, and of methods to which we can hardly find parallels today. On the other hand, our methods of catharsis, of handling resistance and transference were not quite unknown.' An interesting example is the cure of a fifty-year-old Navaho who became depressed after dreaming that his children were dead. He was told by a 'chanter' that his difficulties could be traced to the time when, as a child, he saw a dead sacred bear. His successful cure consisted of an elaborate reconciliation with the spirit of the bear, which the present-day analyst may surmise symbolized the patient's father.

Why Psychiatrists Do Not Like to Testify in Court. Manfred S. Guttmacher. Pp. 300-307.

There are three main reasons why psychiatrists are reluctant to testify in court. 1. The trial process, with its partisan approach and esoteric procedural formula, is bewildering and restrictive to the psychiatrist. Also the partisan position of the psychiatrist as expert witness makes it difficult for him to be completely objective. To remedy these situations, systems which use nonpartisan medical experts are coming into fairly wide use in criminal trials and are beginning to be used in civil trials. 2. Psychiatrists are reluctant to expose their patients' confidences. 3. The psychiatrist finds it difficult to evaluate the defendant by the M'Naghten Rule, the generally used legal test of criminal responsibility. This 'knowledge of right and wrong' test is less applicable to the realities of mental life than the New Hampshire Rule, under which the psychopathology of the defendant and its relationship to the commission of the offense is pertinent.

JOSEPH WEISS

American Journal of Psychiatry. CXII, 1955.

Play and Neuroses of Children. F. Schneerohn. Pp. 47-52.

The author considers child neurosis a deficiency disease produced by the absence of normal group play. The neurosis arises to fill the emptiness caused by this deficiency. The neurosis is described as a primitive compulsive play which replaces the missing free group play. The treatment of childhood neurosis takes place in three stages. 1. In the language of its age it is made clear to the child that there is a connection between the symptoms and the deficiency of play in order to eliminate the inhibitory consciousness of disease. This is labeled

by the author the 'liberation moment'. 2. The child's life is organized according to its urge and need to play in order to get rid of the play deficiency. This is the 'scheduling-the-day moment'. 3. After the cure the child must be supervised for some time by means of periodic visits in order to prevent possible relapse. This is the 'weaning moment'.

The Academic Lecture. The Biological Roots of Psychiatry. R. W. Gerard.
Pp. 81-90.

This is a highly urbane, brilliant, philosophical discourse on the relation between the mind and the function and interconnections of the neural unit. New discoveries in cellular metabolism of the brain strongly suggest that an inherited biochemical aberration is dominant in the causation of schizophrenia. The psychoses may be primarily disturbances of the units of the nervous system, biochemical in nature, and carried in the genes, while the neuroses may be primarily disturbances in the patterns of function and interconnections of the neural units resulting from unfortunate relations of the individual to his environment. The development of cybernetics has directed attention to the question of whether the interactions in the nervous system are continuous or discontinuous. The nerve impulse is discontinuous, behaving in an all-or-none fashion. Synaptic action is continuous and shows graded effects, as do electrical or chemical fields in the brain. Messages enter, leave, or rattle around in the nervous system as discreet signals, yet the interactions within the nervous system that determine patterns of activity are mostly continuous.

Why is consciousness attached to or concomitant with certain acts and experiences? Awareness is most acute in connection with disturbing events, most in abeyance when existence runs placidly. Only when adaptive behavior fails does creative behavior occur, attended by consciousness. In neurological terms, if the automatic response fails to remove the disturbing stimulus, (if the simple negative feedback mechanism fails), then impulses continue to arrive at parietal neurone groups in greater numbers than normal. Some kind of summation probably occurs at the synapses. These impulses irradiate to additional neurone groups beyond those normally activated. Progressive radiation of activity in the nervous system under cumulative stimulation reaches the hypothalamus and related structures at the upper end of the old segmental brainstem. This is associated with liberation of adrenalin, or sympathins, the concentration of which, acting on the brain, is a determinant of the level of consciousness. Perhaps this liberation of sympathins by a positive feedback upon the brain leads to increased attention, alertness, and anxiety. Still larger doses or more active derivatives may stimulate still further and produce hallucinations, disorientation, and the like.

A single passage of an impulse over a neurone loop leaves no significant trace. But repeated passages in a limited time produce cumulative effects until some irreversible level is passed. Consciousness and creative behavior are possibly evoked by the reverberation of circuits, while routine behavior without awareness is presumably handled by messages running quickly and with little or no repetition through well-grooved reflex channels. Dreams may result from un-

resolved pressures left from the day or generated from the environment and are caused by continuing reverberation and radiation in the brain, as are also, for example, hallucinations of water associated with thirst or delusions. This neurophysiological explanation is compatible with the psychodynamic theory that unsatisfied drives or pressures cause accumulation of something that finally overflows in healthy ways or in symptoms. One psychodynamic consequence of Gerard's postulate regarding consciousness is the question of how the censor can censor without knowing what is happening; in other words, how can both drive and defense remain unconscious? The hypothesis that awareness occurs only with repeated activation of the appropriate neurone assembly happily accounts for this phenomenon if we assume that the first activation by the drive leads to inhibition.

Schizophrenia in the Youngest Male Child of the Lower Middle Class. B. H. Roberts and J. K. Myers. Pp. 129-134.

The authors describe the social syndrome of schizophrenia in the youngest male of the lower middle class. Besides the familial psychopathology familiar from other studies, they stress the significance of social class.

Course and Outcome of Schizophrenia. F. A. Freyhan. Pp. 161-167.

Long-term observation of two samples of schizophrenic patients discloses that hospital discharges of such patients has doubled since 1940. Freyhan regards modern clinical management as the cause of this improvement. We cannot foretell which illnesses will be chronic on the basis of type of onset or of personality, nor can chronicity be avoided by therapeutic efforts.

Social Mobility and Mental Illness. A. B. Hollingshead and F. C. Redlich. Pp. 179-185.

The authors' data demonstrate that neurotic and schizophrenic patients are more 'upwardly mobile' than the average population, and they show stronger upward mobility than their parents and siblings. It seems that at least prior to the onset of illness they are achievers and possibly overachievers. However, downward mobility also occurs. This fact in itself demonstrates that a particular mobility is not an essential concomitant of mental illness. Mobility aspirations in both the schizophrenic and neurotic population are even more striking. The discrepancies between achievement and aspirations in the individual patient as well as in the total diagnostic group are interesting quantitative indices of the patient's lack of ego strength and his subsequent flight into fantasy. Frustration and conflict over frustrated mobility aspirations may be discerned in all spheres. Clinical experience indicates that patients of lower class who are socially upwardly mobile individuals and who aspire to have values similar to those of the therapist are good therapeutic risks. On the other hand the downwardly mobile patient, usually a self-destructive, self-punitive, masochistic person, is likely to show negative therapeutic reactions. Social mobility does not explain the ideology

or treatability of mental illness, but it can help us to arrive at a better understanding of the complex conditions we have to treat.

Loneliness and Social Change. Claude C. Bowman. Pp. 194-198.

The problem of loneliness demonstrates that sociological changes are important in psychiatric phenomena. Fromm concluded that 'men are lonely today because their emancipating triumphs over church, state, and family severed the primary ties that united them with others in the preindividualistic period'. Bowman comments that Fromm's brilliant analysis needs to be supplemented by the sociologists. In our society we meet less in primary groups such as family, play group, neighborhood, or village, and, since the immediate family is smaller than it was fifty years ago, adults and children have fewer intimate associations within the family. Even within the same community ties of family and kinship may deteriorate as differences in occupation or class introduce barriers to free communication. The pursuit of high socioeconomic status may alienate an individual from his family. The intimacies of neighborly contact tend to decline in the larger cities. But formal impersonal relationships are increasing. Moreover the feelings generated by competition are detrimental to the development and maintenance of friendliness. The author suggests that the sense of isolation may be considerably less in the lower ranks of an economic organization. Movement from one social class to another also produces a sense of loneliness. Subjective factors increase the difficulty still further. This point of view seems to have important implications for the processes and goals of psychotherapy. Two of these are discussed. 1. Psychotherapy could be greatly illuminated by sociological research that would offer therapists knowledge about the community in which the patient lives. For example, predisposing and precipitating factors may be found during investigations of the larger social environment. Detailed knowledge of the community and its subcultures might help the therapist deal more intelligently with the problems encountered by the patient in his daily life. 2. Social research may be useful in determining the practicable limits of therapeutic success.

There are normal or modal types of loneliness as well as deviant types. The practicable goal of psychotherapy is accordingly defined more clearly: to reduce a sense of isolation to normal proportions. If the psychiatrist does not possess reasonably accurate conceptions of society in general and of the patient's environment he may expect more of the patient and of himself than is sociologically sound.

DAVID L. RUBINFINE

Psychosomatic Medicine. XIX, 1957.

The Psychology of Bodily Feelings in Schizophrenia. Thomas S. Szasz. Pp. 11-16.

This paper is a theoretical examination of hypochondriasis and so-called somatic delusions. The author is interested in the interpretation of this be-

havior in its formal characteristics, as a model of ego-body integration. According to this theory the body becomes an object to the ego. Bodily preoccupations then pertain to the fear of loss of the body (object), and serve as a warning as well as a reassurance against it. Further progression of ego-body disintegration leads to feelings of loss of the body and a new psychically amputated ego-body integration. This in turn can lead to painless, wilful mutilation in an attempt to 'bring the body up to date'. The crucial aspects of Schreber's hypochondriacal delusions in his illness are examined in the light of the above theory.

DAVID H. POWELSON

Human Camouflage and Identification With the Environment: The Contagious Effect of Archaic Skin Signs. Joost A. M. Meerloo. Pp. 89-98.

Usually when people attempt to become 'anonymous' it is by behavioral stratagems. However, in periods of great stress they may unwittingly turn to rudimentary remnants of phylogenetically older defenses, forms of biological camouflage. This defensive camouflage reaction is one form of what Meerloo terms 'the passive surrender to danger', a defense on the biological level analogous to the ego defense of 'identification with the aggressor'. It serves the threefold purpose of warning, communication of mood, and camouflage. Meerloo calls particular attention to the contagious character of these archaic signals, which is evidence of their functions of warning and communication. He uses biological analogies to show how we may remark the purposive significance of such primitive psychosomatic phenomena as syncope, fear melanosis, and various other disorders of the skin. He regards this paper as largely analogical and speculative, but intends it to be a stimulus to further comparative study of bodily communication.

Physiological Correlates of Tension and Antagonism During Psychotherapy: A Study of 'Interpersonal Physiology'. Alberto DiMascio, Richard W. Boyd, and Milton Greenblatt. Pp. 99-104.

The authors studied simultaneously certain physiological coordinates in patient and interviewer. The heart rates of interviewer and patient tended to rise when the patient seemed 'tense' and to fall when he seemed at ease. When the patient expressed antagonism to the interviewer, the heart rate of the latter increased while that of the patient decreased, presumably because of cathartic 'tension reduction'.

Physiological Study of Personal Interaction. Robert B. Malmö, Thomas J. Boag, and A. Arthur Smith. Pp. 105-119.

The potentials in the muscles of speech in an interviewer and his patient were found to vary according to whether the interviewer was praising or criticizing the patient. On days when the interviewer's mood was 'bad', the patients showed significantly higher heart rates even when the interviewer did not, and

even though he made exactly the same prepared statements to the subjects on each day. It is suggested that the interviewer's mood was conveyed to the subjects by his intonation or possibly by other nonverbal cues.

Somatic Basis of Sexual Behavior Patterns in Guinea Pigs: Factors Involved in the Determination of the Character of the Soma in the Female. Robert W. Goy and William C. Young. Pp. 144-151.

The authors present data on the factors governing sexual behavior in female guinea pigs (they have previously done the same for the male guinea pig). They clearly demonstrate that prepubertal social contact with animals of the opposite sex is necessary for optimal development of sexual behavior in female as well as in male guinea pigs. They quote similar results in the studies of male and female chimpanzees, and conclude that experiential as well as hereditary factors are clearly important in determining sexual behavior in all these species. Prior to these studies the sexual behavior of these animals was assumed to be instinctive in the sense of being hereditarily determined and unlearned. It was also demonstrable in this study that exposing the prepubertal guinea pigs to the learning situation had a greater effect than if the exposure was postponed until after puberty.

Rectal Resection: Psychiatric and Medical Management of Its Sequelae: Report of a Case. Bernard C. Meyer and Albert S. Lyons. Pp. 152-157.

Although the authors refer to their roles in the treatment of this patient as simply 'relationship therapy', they clearly indicate several other important factors in their method. Besides offering support and empathy, they deliberately fostered adaptive identifications with the therapist. They judiciously used intentionally incomplete analytic interpretations, and they employed education and suggestion. By these means they were able to rehabilitate a patient who had been largely disabled by the psychological conflicts precipitated by a colostomy and surgically induced impotence.

FRANK T. LOSSY

Mental Hygiene. XLI, 1957.

The Psychology of Trade Union Membership. Marc Karson. Pp. 87-93.

The trade union satisfies many psychological needs of its members: emotional security (because they can belong to it); unity of purpose, and the power of unity; prestige; approval; encouragement of the passive as well as the aggressive; the feeling of being understood; provision for possible success of realistic goals. 'Workers may favor the union for what they think are the economic advantages it offers them, when in reality it is fulfilling some of their unconscious emotional needs.'

JOSEPH LANDER

British Journal of Medical Psychology. XXX, 1957.

Freud, the Psychoanalytical Method, and Mental Health. W. Ronald Fairbairn. Pp. 53-62.

Fairbairn traces the general development of some concepts of analytic theory and practice: the unconscious, repression, infantile sexuality, the œdipus situation, and the influence of early experiences, repressed elements, and parental introjects, in determining 'internal reality', character structure, and symptom-formation. He discusses changes in Freud's thinking, such as his broadening the concept of the unconscious to include, besides 'the repressed', elements of structure and energy. Freud's early view of symptoms as manifestations of the 'return of the repressed' was submerged later in the ideas about ego defenses. Fairbairn discusses some connections between aggression, repression, and resistance, and some of the ideas of Melanie Klein and Glover regarding transference phenomena and the internalization of 'good' and 'bad' objects. He describes attempts to isolate differentiating features of psychoanalytic therapy and compares the passive and active techniques of adult and child analytic therapy. He compares therapy with religious salvation in regard to the need of forgiveness of 'sins' and the need to cast out 'devils', (which are 'bad' introjects). Therapy has progressed from interpretation of the repressed to work with defenses, resistance, and transference. The 'here and now' of the analytic situation must be interpreted in terms of both the patient's early history and current internal situation. The chief contribution of psychoanalysis to the cause of mental health lies in the prophylactic enlightenment of the public about the importance of giving the child the emotional security of a home and attention from both parents, guarding it against emotional deprivations such as separation from the mother, the traumatic effect of excessive jealousy, observation of sexual intimacies of parents, and other influences shown by psychoanalysis to be harmful.

Transference and Countertransference. W. P. Kraemer. Pp. 63-74.

Kraemer states that 'there is the fullest agreement among Jungian analysts that there can be no teaching of a "technique" of handling of transference'. He nevertheless proceeds to demonstrate a technique, or at least an approach in problems of transference. Using a 'typical' case of a depressed woman patient for illustration, he compares the Jungian, freudian, and Kleinian analytic approaches to certain problems of transference and countertransference. Whether we use the concepts of archetypes, 'good' and 'bad' introjects, or œdipal relationships, Kraemer advocates more use of the 'partnership transference pattern' in resolving transference-countertransference problems. By the partnership transference pattern the author seems to mean a departure from the neutral role of the analyst toward a controlled but more emotional interaction with the patient (somewhat similar to the synthetic role playing advocated by Alexander to provide a 'corrective emotional experience' for the patient).

At one point in therapy the patient chides Dr. Kraemer for having been

angry with her; but he comments, 'In spite of what she says, it turns out to have been the right thing for me to get angry'. He shows great skill in helping the patient work through her discordant humors,—paranoid ('It is all the fault of others') and depressive ('It is all my own fault'). Curiously, however, he seems unaware that he refutes his own principal thesis. He advocates actively countering the patient's transference rather than simply reflecting it and analyzing the roles assigned him by the patient; yet he blames himself for prematurely and forcibly confronting the patient with the 'bad' (unacceptable) elements in an early dream. He may have achieved an effective therapeutic short cut, but was it discrete analytic technique? This maneuver precipitated the transference storm. Says Kraemer, 'I feel that the violence of the breakdown, brought about by the primordial power of the archetype, might have been avoided to some extent if I had been still slower in my approach and still more passive in my attitude toward the fatal dream'. But this quotation, taken out of context, perhaps does injustice to an article that clarifies some old problems by re-examination of them.

Psychic Events Accompanying an Attack of Poliomyelitis. Arthur J. Prange, Jr. and David W. Abse. Pp. 75-87.

The authors review briefly the extant subjective accounts of acute poliomyelitis and describe vividly and frankly the experiences of one of them during the acute stages of the disease. The state of disturbed somatic function with pain, paralysis, a period of encephalitic delirium, incipient bulbar involvement, and urinary and bowel dysfunction, roused various ego defenses against the fear of death and distortion of the body. Denial and displacement were used, and hypnagogic images occurred that were clearly overdetermined and restitutive. There was extensive narcissistic regression to a primitive ego state, with great need for authoritative figures and motherly nursing care. Recovery brought into action attempts at reintegration of the ego. Physicians and nurses can learn from this article how important they are as parents who can sustain hope.

DAVID W. ALLEN

Journal of Mental Science. CII, 1956.

Perception of the Upright in Relation to Body Image. D. A. Bennet. Pp. 487-506.

Body image or body schema is differentiated from the idea of body percept. The author uses Smythie's definition of the perceived body as 'the spatially extended field present in direct consciousness whose head surrounds the observing self and the rest of which is extended in perceptual space below the observing self'. It is postulated that 'any weakening in the structure of the perceived body would be accompanied by a weakening of the relationship between perceived visual and tactual space'. This postulate was tested on fifty normals, twenty-four schizophrenics, six leucotomized schizophrenics, ten patients with organic mental syndromes, and sixteen with disturbed bodily percepts. By an experi-

mental method using the measurement of errors in the perception of the vertical (Rod and Frame Test), the errors in perception of the vertical in schizophrenic and normal subjects were found to differ significantly from those in patients with organic conditions and disturbances of bodily percepts. The two latter groups did not differ from each other. A significant leftward tendency in perception of the vertical was found in normal females and in schizophrenic subjects of both sexes. A rightward tendency in normal men and in those with disturbed bodily percepts was discovered. Bennet discusses the significance of this sex difference and of the rightward and leftward tendencies, and the possible reason for the similarity of response in the 'organics' and schizophrenics.

DAVID H. POWELSON

Journal of Mental Science. CIII, 1957.

The Sexual Behavior of Young Criminals. T. C. N. Gibbens. Pp. 527-540.

The sexual histories of two hundred young English criminals, aged sixteen to twenty-one, were studied in relation to their criminal activity, physique, and some other factors. What kinds of criminal behavior had brought these young delinquents into the training school is not made sufficiently clear. The author seeks to correlate his data regarding age of onset and frequency of masturbation and heterosexual and homosexual activity with statistics from Kinsey and other sources; but his efforts are tentative and tenuous. He concludes, however, that 'criminals tend to start sexual behavior earlier and more vigorously but abandon it as their criminal career develops'.

DAVID W. ALLEN

NOTES

THE TWENTY-FIRST CONGRESS OF THE INTERNATIONAL PSYCHOANALYTIC ASSOCIATION is announced to be held in Copenhagen, Denmark, from Monday, July 27th to, and including, Thursday, July 30th, 1959. Registration will take place Sunday, July 26th.

THE VIENNA PSYCHOANALYTIC SOCIETY celebrated its fiftieth anniversary on April 13th, 1958. This anniversary marks also the fiftieth anniversary of the membership of the Honorary President, Dr. Alfred Winterstein, in the Vienna Society.

It is noted with deep appreciation that the TWENTY-FIFTH ANNIVERSARY OF PUBLICATION OF THE PSYCHOANALYTIC QUARTERLY was observed both by the International Journal of Psychoanalysis and by the American Psychoanalytic Association, the latter in a tribute presented to the membership by Dr. Lawrence S. Kubie, published in the Bulletin.

The Secretary of the CANADIAN PSYCHOANALYTIC SOCIETY requests Canadians who have gone abroad and have become psychoanalysts, or are at present students in training, to write W. Clifford M. Scott, Secretary, 4342 Sherbrooke Street West, Montreal 6, Quebec, so that the Canadian Society may send them copies of its annual report.

MEETINGS OF THE NEW YORK PSYCHOANALYTIC SOCIETY

December 18, 1956. THE 'EXCEPTIONAL PERFORMANCE' AS A BIOLOGICAL CONCEPT.
Laci Fessler, M.D.

The common denominator of somatic and psychic functions is the mastering of irritations. Superego, ego, and id are established psychological points of reference, and in the soma certain systems offer parallels to these three psychic institutions. Common to all somatic and psychological changes is 'a biological change operating in the service of the regulating principle and adjusted to the economic needs of the organism'. Criteria of an exceptional performance are described in the following terms: intensity of the irritation; the irritation usually stimulates more than one organic system; the exceptional performance satisfies a biological need and is goal directed; it is ego syntonic; it consists of a set of responses that usually controls the whole condition. The working of one organic system preponderates to such an extent that all the reactions are tuned to it accordingly; the exceptional performance implies a greater variability than the average reaction. Pregnancy is cited as the outstanding example of an exceptional performance. The orgasm is also under the impact of somatic changes. There are certain normal psychological conditions in which one functional unit—superego, ego, or id—controls the individual's behavior.

As an example of an exceptional performance ensuing from preponderance of the ego, the author describes humor; from preponderance of the superego,

devotion and ecstasy; from preponderance of the id, orgasm. Examples are given indicating the different areas from which threats to the ego may come and how these threats are warded off. The genetic approach to the development and functions of the superego is the best way to clarify the nature of devotion and ecstasy. The superego secures safety in counteracting as well as causing anxiety. The urge to survive derives from the pleasure principle and the reality principle, and survival itself is the area in which superego and id meet. Fertility provides the meeting ground, demonstrating a perfect example of a biological synthesis.

DISCUSSION. Dr. Harkavy made two points. First, he wanted to know how Dr. Fessler distinguishes the predominant role of the ego in humor from the type of defense termed *witzelsucht*. Second, he pointed out that the example of orgasm for the predominance of the id seems to leave out the choice of object, which is an ego function; he noted also that orgasm seems to have no relevance to the fantasy content of masturbation. Dr. Bychowski suggested that Dr. Fessler supplement a few of his remarks which seemed 'elliptic' and 'aphoristic'. He was surprised that Dr. Fessler made no distinction between devotion and ecstasy: ecstasy is the abolition of the limitation between ego and the nonego of the ego boundaries, a fusion with God or with supreme reality but psychologically it is not a devotion. Dr. Bychowski said that he hoped Dr. Fessler would reformulate the relation between the id and the superego. In the ecstasy of the prophets the superego becomes completely identified with the introject; subsequently the introject is reprojected. Dr. Brodsky commented that Dr. Fessler's paper fits with present psychoanalytic orientation in maintaining the importance of biological thinking in psychoanalysis. Even in some very complex phenomena, such as devotion or humor, the subject reverts in the midst of a very complex psychological structure and performance to one basically biological.

BETTY ALLEN MAGRUDER

February 26, 1957. LIEBESTOD FANTASIES IN A PATIENT FACED WITH A FATAL ILLNESS.
Bernard Brodsky, M.D.

This paper discusses, on the basis of an analytic case history, the fantasy of *Liebestod*, the latent wish for an eternal reunion with a beloved person who is dead. One such fantasy is the wish to die with the person. A young woman with chronic leukemia was accepted for analysis because of intense depression and anxiety. Her mother's aloofness and her father's preference for the only son drove her into an intense and ambivalent relationship with her brother. In early life the two children became fascinated with Wagner's *Tristan and Isolde*. When the brother was killed in a war, the patient became depressed and had the fantasy of being reunited with him. After her marriage, and during her third pregnancy, her fatal illness developed. Her analysis revealed the fantasy to be: 1, a warding off of fear of death by denying it; 2, being buried with the brother as an intrauterine fantasy of coitus and pregnancy; 3, reunion with the brother as a means of being reunited with the mother—a good death being equated with

good sleep [Lewin]; 4, punishment for guilt because of incestuous and hostile feelings toward the brother. In partial identification with the brother (mimicking his gestures and mannerisms), she expressed a homosexual attachment to his former fiancée and was 'living out the reunion with Tristan by being Tristan'. Dr. Brodsky suggests that Lewin's oral triad of wishes is the basis of *Liebestod* fantasies. The patient improved greatly in the course of the analysis and was able to develop a sense of death as an event which is neither incestuous nor punitive.

DISCUSSION. Dr. Martin Stein speculated that an actual seduction had taken place. One meaning of the pregnancy fantasy is the wish to be cured; this patient became ill through pregnancy and would perhaps be cured in the same fashion. Dr. Stein discussed several aspects of the complicated transference, and especially emphasized the role of the analyst as a disciplining and loving mother who, by her supervision, would have protected the patient from incestuous seduction. Dr. Sidney Tarachow stressed the patient's intense orality from serious early deprivation. He was of the opinion that the central fantasy was motivated more by the wish for reunion with a good mother than by an attempt to deny death. He discussed various aspects of the equation: sleep = death. In connection with the patient's masochism, Dr. Tarachow advanced the thesis that painful affects may be converted into æsthetic experiences, a device (similar to the dream work) which serves the purpose of deflecting the accent from the painful truth. Dr. Brodsky, summarizing, discussed the countertransference in analyzing a patient with a fatal illness.

POUL M. FAERGEMAN

It is requested that readers of the INDEX OF PSYCHOANALYTIC WRITINGS send any corrections or additions they may recommend for the three volumes of the Index which have been published. These should be sent as soon as possible so they can be included in a special section to be devoted to such additions and corrections. It should be borne in mind that the Index of Psychoanalytic Writings concludes with the year 1952, except for authors who have died since that time. We would like the bibliographies of these authors to be complete, and will therefore include their writings published after 1952. Corrections and additions may be sent to International Universities Press, 227 West 13th Street, New York 11, New York, or to Alexander Grinstein, M.D., 18466 Wildemere Avenue, Detroit 21, Michigan.

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MODELS FOR PLEASURE

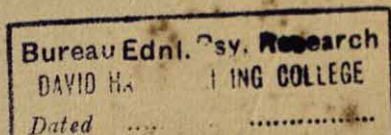
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Pleasure is man's most desired subjective experience. It has been studied by philosophers, physicians, and scientists, each using the sources of data and techniques appropriate to his discipline. The present study of pleasure, of which this paper reports a part, uses data drawn from the general population and is studied by methods of social science and psychoanalysis. Our primary interest is in pleasure as a subjective personal experience: 'What is the nature of the inner experience people call "pleasure"?'.

The first step toward construction of a definition of pleasure was to devise a questionnaire, asking the subject to 'think of any experience which gave you a lot of pleasure, joy, or delight. Try to put yourself back into the mood you had at the time. What were the inner feelings, the sensations inside, that you felt?' (1). The replies showed striking consistencies. Hundreds of responses from Americans, who varied in age, sex, location, profession, and education, disclosed monotonous repetition of such phrases as 'my cup runneth over', 'flowing through my body', 'overflowing', 'something new has been added', 'away from (and back to) reality'; they spoke of feelings of 'inner warmth and fullness', 'relaxation', 'satisfaction'. This repetitiveness can be explained by the serious limitations of the English language for the communication of emotion and by the similarities of the subjects' experiences of pleasure. This similarity of experience seems most significant. It suggests the thesis that pleasure is conceived according to past experience and is expressed within the limitations of language and social sanction.

The present paper examines the responses to the questionnaire in order to determine the unconscious experiential models on which the descriptions seem to be based. No attempt is made

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to prove a thesis, but only to see what unconscious models are disclosed by the use of converging contextual evidence, analogy, and the application of psychodynamic theory.

Szasz has recently criticized 'the tendency to put back meaning to ever earlier layers' by forcing 'all later symbolic complexities back into the framework of [the] earliest conceptual prototype' (14). In studying human behavior one does not seek the earliest prototype because it has some presumed esoteric value. One seeks to establish laws, to generalize from particulars, to find the consistencies. It is inevitable that in searching for 'laws' in the structure of any universal human experience one is pushed further and further backward from the chronological level of greatest development of individual characteristics to periods of fundamental experiences which 'more', 'most', and finally 'all' human beings undergo. The study reported here carries us back to what Kardiner has characterized as one of the 'peculiarly human basic biological factors' (7), namely, the unusually protracted period of dependency during which the chief adaptive techniques are acquired.

The experiential substrate sought for here does not represent the 'meaning' of pleasure, nor its 'significance', nor does our finding it obviate the necessity for studying more complex levels of symbolization. We seek here only the foundation of the structure people call their 'pleasure'. The responses lead back to early and fundamental experiences, and they all seem to cluster about a central theme. The basic model for experience of pleasure is demonstrated. Additional models are also discoverable from the data.

Since the models are derived by inference, no attempt at statistical analysis was made. A sample of one hundred sixty questionnaires was chosen by drawing from the total number (about three thousand) the first twenty-five responses from each of the following groups of college students (aged eighteen to twenty-five): urban women, urban men, rural women, and rural men; and the first ten responses from each of the following groups: urban women, urban men, and rural men (aged twenty-six to

fifty years), and men and women aged fifty-one to seventy-five, and boys and girls aged thirteen to seventeen.

The overwhelming majority of models for pleasure, regardless of the source in contemporary experience, pictured some aspect of loving care, typically that experienced by a nursing infant. These pictures included being relieved from all responsibility, taken into the mother's arms, held and fed. The following two examples demonstrate these fantasies and the method of deriving them from the descriptions of subjective pleasure experience:¹

I felt new fires flowing into me—, the weakness was receding—I stretched delightedly, absorbing the warmth of the sun, feeling a myriad of tingling sensations in my body. I wanted to shout for joy! I wanted to kiss the flowers. I was grateful for the wonderful gift of life. I was expanding. Growing beyond myself, merging with the earth and the plants, pulsating with energies of the universe! There was rhythm and harmony in and around me, and I felt how wonderful it is to exist, *to be*—.

This woman's enthusiastic and graphic description is a clear delineation of a pleasure experience on the model of being filled with a strengthening, life-giving infusion. There is the picture of taking in the warm, energizing substance, of being filled and expanding. The concept of the feeding process as a merging with the mother ('merging with the earth') exemplifies one phase of a construct which I have elsewhere (2) defined as the 'to-have-and-to-hold complex'. This concept, also called the 'pleasure feedback',² describes the motivating action of pleasure in sequential phases: 1, being sensitized and alerted; 2, reaching

¹ The illustrative quotations given in this paper are copied verbatim from the questionnaires, including errors in spelling, punctuation, and word usage.

² One aspect of the subjective experience of pleasure seems to consist of impulses to action, to do something. Such impulses often arrange themselves in a temporal sequence to give the picture of a dynamic process. No single description contains the entire sequence, but when the tendencies extracted from the various responses are put together, the above-outlined pattern emerges clearly. 'To-have-and-to-hold' describes the central or climactic phase of the sequence, and 'feedback' refers to the final tendency to repeat the cycle.

for and being drawn to; 3, merging with, absorbing, and being absorbed; 4, fastening on and holding; 5, trying to recapture (when lost).

Here is a second example of what seems to be the basic experiential model:

The sensations that I felt occurred mainly in the region of my abdomen. There were sensations of flowing there, like clear rippling of water. A feeling of unattached freedom as well as a feeling of intense confidence in my ability to provide for all my needs was very strong. . . . I was at one with nature. A feeling of less constriction in my chest and throat—I was able to take deep slow breaths, and the air tasted good.

A sensation of reaching out to the sky, to the white clouds. A soft, warm feeling surrounded me.

Healthier blood seemed to be flowing through me. . . . This rippling—more like a streaming, a flow, a tender vibration—was the pleasure in its physical form. I felt soft toward everything in the vicinity and all things appeared to be reaching out toward me, as I was toward them.

The alimentary nature of the unconscious model for this man's pleasure experience is apparent in its abdominal localization, the 'flowing' sensations, the 'rippling water', the sense of its 'providing for all my needs', and the description of intake by 'the air tasted good'. There is again an exposition of the 'pleasure feedback' in the description of 'reaching out', 'feeling surrounded', 'at one with nature'. The picture is that of a child reaching out, being enfolded, held and fed in the mother's arms.

The central element in this picture of dependency and security is the feeding process. Its presence underlying the descriptions is usually signaled by the use of terms appropriate to the experience of drinking a warm liquid. The sensation of 'flow' often recurs, and other common terms are 'being filled', 'fullness', 'rippling sensation', and 'warmth inside'. With this basic description occur pictures of experiences preliminary to, concomitant with, or resulting from the feeding process. These include:

Being lifted and held:

1. Happy as if borne along on a great tide.
2. I also felt 'airy', that is, floating above the ordinary atmosphere to a higher level of existence.
3. I first had a soaring sensation as if my entire spirit had been lifted out of the depths of my being.

Being relieved of responsibility and fear:

1. I felt completely relaxed and at ease. My worries are forgotten during this time, and any defense barriers which usually exist between me and my environment were completely forgotten for the time. My muscles felt completely relaxed and I felt no butterflies in my stomach as I usually do.
2. All problems which would have to be faced in the future seemed to lose their magnitude and importance in the presence of this new feeling. The world seemed to be on my side.

Being strengthened:

1. I could do more with less fatigue. Mentally, of course, everything seemed right, I was satisfied, elated and physically felt a glow.
2. I felt strong, pure and bubbling. . . .
3. Inwardly it made me secure and provided me with a feeling of great strength.

Falling asleep:

1. It puts you in a sleepy, dreamy mood, and gives you a manna feeling.
2. A warm, tingling sensation and a delicious (restfulness, relaxation) in which I was completely relaxed overtook me and I finally fell asleep.

In these descriptions, the experience of being lifted up and held high is secondary only to the feeding process itself. Perhaps it represents pleasurable expectation. The sensual memory of this experience is reflected in such terms as 'my body felt light', 'walking on a cloud', 'exaltation', 'elated', 'soaring sensation', 'buoyancy', 'feel high and light', 'floating', 'got a lift out of

[it]'. This is a frequent element throughout, but it is particularly prominent in pleasure experiences associated with relief of tension and fear. This feeling 'high' is, in some responses, contrasted with the 'low' feeling in depression. In describing these 'low' feelings, the respondents equate 'reality' with 'emergency emotions' (10),—for example, 'worry', 'fear', and 'responsibility'. They write of being 'weighted down with reality', 'feeling heavy', or 'feeling low'. The 'high' feeling in the general pleasure response is, in the pleasure associated with relief of tension, emphasized by the heightening effect of contrast with the subject's prior mood.³ The lightness resulting from relief from oppression ('reality') gives a sensation of sudden soaring, of springing up, as though a natural upward tendency has been released. The implication is that there is within the individual a constant 'upward' striving which asserts itself when the 'downward' restraint is removed.

This soaring feeling is a universal human experience, expressed in many art forms (for example, the Egyptian pyramids and other architectural designs, Brancusi's *Bird in Space*, Nijinsky's famous leap). This consistent inner striving upward may represent a drive to mastery, personal assertiveness, a constant tendency toward the exploitation of one's powers, so that pleasure becomes the reward for the free and successful exercise of one's individual potential. It is reasonable to suppose that this aspect of pleasure has its background in a universal human experience, perhaps that of being picked up by the mother. It may have the psychodynamic significance of acceptance by the protective mother, who lifts her child out of 'reality' and takes on herself the burden of responsibility.

The other models discernible in the pleasure descriptions seem to confirm experimentally a good part of Ferenczi's clinical insight: 'The child's mind (and the tendency of the unconscious in adults that survives from it) is at first concerned exclusively with his own body, and later on chiefly with the

³ This is a significant dynamism in the development of dependence on drugs (11) and probably of other pathological emotional bondages.

satisfying of his instincts, with the pleasurable satisfactions that sucking, eating, contact with the genital regions, and the functions of excretion procure for him' (4). With regard to excretion, however, where the model for the pleasure experience seems to involve bowel function, the pleasure is less in the performance for itself than in the performance for reward:

It gave a feeling of being pleased it lighten you up, you forget about everything else, it mak you feel like you have done some thing and some one right. to boil it down it mak you feel like a deep clean hole inside of you.

In this boy's description, the localization is 'inside', the action relieves the subject of a load ('lightened you up'), leaving a 'deep clean hole'. This is a model of pleasurable satisfaction described in terms of what Ferenczi referred to as 'the functions of excretion'. But the focal point of the pleasure is explicitly stated: 'it mak you feel like you have done some thing and some one right'. This is clearly a statement of self-satisfaction and expectation of reward for the successful accomplishment of bowel duties. Again:

I had a feeling of satisfaction and I felt at ease more confident of myself. I felt pleasure like I had accomplished something. I felt better inside like a weight was taken from me. I felt happy and wanted to have fun. I wasn't afraid to face certain people.

This sixteen-year-old girl's pleasure is also less in the performance itself than in the results,—the sense of accomplishment and relief from fear.

Pleasure experiences associated with 'accomplishment' often show the bowel-movement model. They are characterized by references to cleanliness, emptiness, weight or load removed from inside, and a sense of position frequently described as 'sitting on top of the world':

The experience is deep, whole-hearted study mostly on my own initiative.

I feel vital, very alive and fresh and clean inside—as if a nice breeze was cleaning me up (inside). I feel on top of the world—so to speak—in that I feel master of myself—my future—my world about me.

I feel useful; the world about me becomes 'feelingly'—reality. I feel understanding, love for many things. I feel in relation to everything about me.

Here the bowel-training model demonstrates a transition in complexity and sophistication. For this college girl the pleasure in expected reward has progressed to the level of self-reward in the form of pride. The models thus far described have, therefore, demonstrated three stages ontogenetically: the primitive picture of direct oral gratification by the mother, the expectation of oral gratification by the mother as a reward for obedience, and the internalization resulting in self-reward (pride) for successful (obedient) performance. In the example now under discussion, the emphasis on self-sufficiency does not obscure the underlying fantasy. The first sentence establishes the claim, 'see, I am doing this without having to be told', and the last sentence delineates the expected reward, 'you must, therefore, have a loving [feeding] relationship with me'. The pride is in a feeling of acceptance derived from the early experience of the mother's reward for successful performance.

The report of a previous section of this study (2) indicated that the basic model, the aim achieved in pleasure, seems to be a merging with the source of the pleasure. The concept of fusion was expressed by Freud when he described mania by saying 'the ego and the ego ideal have fused together' (5); Rado described fusion in mania as 'the faithful, intrapsychic repetition of the experience of that fusing with the mother that takes place during drinking at her breast' (12); and Lewin included fusion in the 'oral triad' described for pathological elation (8, p. 102). The context of the present study is not clinical and its subjects are not patients. They are 'normal' persons who have been requested to tell what 'pleasure' feels like to them. Their

responses describing 'pleasure', not mania or elation, repeatedly validate the concept of fusion, but not uniformly of *oral* fusion. In the following response of a woman, for example, the merging is not so much a fusion with the breast as an incorporation within the mother in a classical fantasy of return to the womb:

It was as if I were apart from what I was doing or where I was. It seemed as if I were in a big dark void and I felt warm and very comfortable. I had no real thought in mind, but I felt close, safe, content.

I felt like humming. Although I was happy I felt so very emotional I could have cried. I was sort of filled to the brim with this feeling. It was at once tenseness and easiness. I didn't know how long it would last and I didn't care. It wasn't extreme excitement but a dreamy sort of semi-consciousness.

The only alimentary reference in this description is in the phrase 'filled to the brim', although Lewin would consider this, too, a nursing fantasy: 'The "intrauterine" fantasy, in which the child identifies itself with a nursling, is taken into the abdomen, and in that location continues its feeding or comes to rest in a sound sleep, is a nursing fantasy with a shift downward from the breast to the abdomen' (8, p. 108).

Erotic models constitute another major category in the responses. This includes those descriptions of subjective experiences of pleasure in which the sensations more or less clearly indicate a sexual prototype, usually unconscious. It is interesting that where the immediate source of a described pleasure experience was erotic, the unconscious model was often of the oral dependent type; and where the unconscious model was erotic, the immediate source often had some other manifest content:

Excitement—my heart seems to swell my head feels light
my eyes close my heart beats fast my breath comes faster.
There is a feeling of stimulation in the genitalia. The things
outside myself seem far off I'm swimming just a little (sort
of dizzy but not unpleasantly so) my mouth is open. The pit of

my stomach is sinking I catch my breath with the loveliness of it. There is a pain in my heart tears are in my eyes and I am crying with the exquisite pain. . . .

This woman's pleasure was evoked by 'a Camera Three performance of Walt Whitman poetry [which] had an exquisite moment of dance and poetry'.

Here, on the other hand, is a man's description of the feelings of pleasure resulting from a sexual experience:

It was almost a visceral sensation, one which generated from the genital area, and spread through the area of the stomach, leaving the greatest extremities unaffected.

The feeling itself can almost be recalled in terms of a texture: a soft wool, or velvet—extrinsically protective.

It was intrinsically inarticulate, giving a pervading sense of well-being, evoking, in part—fantasy of a primitive foetal natural.

The area affected includes the genitals and part of the abdomen, omitting the thighs and legs. The sensation affecting this area is described in terms of texture and characterized as 'extrinsically protective'. All this suggests that the area outlined is the diaper area and the protective texture is that of a diaper. The last sentence of the description reflects the sense of security, warmth, and comfort associated with being cared for by the mother.

Descriptions of subjective pleasure experiences that reflect an unconscious erotic model are often characterized by the words 'weary, sweet sensation' or 'ecstasy', and by descriptions of sensations that are 'rhythmic' or 'rising and falling', 'vibrating', 'thrilling', 'tingling', or 'throbbing':

I am closing my eyes and thinking of a feeling of pleasure which caused my entire body to thrill from the end of my hair strain to the toes on my feet. This feeling of pleasure electrified my entire body causing a heavenly feeling.

The following is a description of a subjective experience reported by a college girl as a 'sex relation result':

Warmness—a gentle warmth radiating through me. A drowsy feeling, yet not tired—relaxed looseness—effortless movement. A clear head. Tenderness. A slightly vibrating sensation in lower body. A loving feeling of great tenderness and devotion. A cuddling, want-to-be-near feeling. A dedicated feeling. Satisfaction. Soft pulse beating—head light—free feeling.

This demonstrates a combination of alimentary and erotic pleasure models and therefore comes close to describing an 'oral erotism'. The inner warmth which is radiating or flowing, the 'cuddling, want-to-be-near feeling', the emphasis on satisfaction and drowsy relaxation is a fairly clear picture of the satiated infant, the infant who has been filled with milk, held and cuddled, and is falling off to sleep. The 'tenderness' and 'dedicated feeling', however, is an active response to another person as a source of satisfaction, and is a little less self-centered and self-contained than the feeling of a satiated infant. This, in conjunction with the 'slightly vibrating sensation in lower body', has a characteristic erotic quality. The experiential model here need not be an erotic response to oral stimulation, but may reflect a particular combination of stimuli inherent in this individual's experience of feeding. The basic alimentary, oral, or feeding stimulus may be associated with an erotic stimulus because the infant was held and perhaps caressed during this feeding.

The following response shows the same psychodynamic structure with more complexity:

To me a feeling of pleasure is any thrilling experience, which in my case was the feeling of complete ecstasy, being closer to God, and engulfed in satisfaction.

If it were possible to float on a cloud I felt I could do so.

I have difficulty in breathing when realizing a most pleasant feeling. Altho I am not a large person I feel abnormally small.

A tingling sensation appears and I'm as in a spell, as it were.

It's all I can do to keep from screaming from happiness.

This description, supplied by a woman, suggests an almost orgasmic pleasure. The erotic qualities are indicated by the 'thrill-

ing experience', the 'tingling sensation', and the concept 'ecstasy', as well as by the tremendous relief of tension implied in the last sentence ('screaming'). The reference to very early feelings of dependency and security ('I feel abnormally small') is carried on in the fantasy of being 'engulfed' and the picture of being raised and supported ('float on a cloud'). The difficulty in breathing refers to being compressed, squeezed, so that the ecstatic pleasure results from being raised, held close, pressed, engulfed, and sexually stimulated. So far, this description resembles the preceding one. If, however, we consider 'God' the father, using the accepted psychoanalytic symbolism, then there is a transfer of the pleasure source and an increase in psychodynamic complexity. The father is picking her up, hugging, and fondling her, and she, a small child, is screaming with ecstatic orgasmic pleasure. She stated that the immediate source of this pleasure was 'the realization that I had given birth to a baby, one I was told I would never have'. Therefore the fantasy appears to be in an oedipal context and represents the achievement by magic ('as in a spell') of the impossible oedipal relationship ('told I would never have'), the successful accomplishment of intercourse with the father as evidenced by this infant to which she had given birth.

Perhaps more literally representative of the prototypical pleasure experiences Ferenczi had in mind are the subjective pleasure experiences described in terms suggesting a masturbatory model. These descriptions usually show one or more of the general characteristics of the erotic models, plus use of such words as 'feel', 'touch', 'hand', or 'play':

slight chill that ran across my whole body.

felt like wanted to fly.

felt light headed.

felt like whole world was a big wonderful playroom.

felt like laughing.

If someone was to touch my skin, it felt like it jumped.

feeling of complete relaxation.

Wanted to curl up with smile on my face and sleep.

The setting for this girl's play is the nursery ('big wonderful playroom'). The excitement, exhilaration, and active motion indicate active play, and the skin sensitivity implies sexual excitation. The combination of active play in the nursery, resulting in sexual excitement and subsequent relaxation, suggests a masturbatory activity such as riding a tricycle or a hobby-horse. We recognize here the same fantasies accompanying genital self-stimulation as we find in our patients. Emotionally, masturbation is not a solitary activity. In this description, the presence of a fantasied 'other one' is indicated in the sentence, 'If someone was to touch my skin, it felt like it jumped'. The nature of the relationship is implied in the relaxation and sleep, discussed above in the alimentary-security context. Just as the excretory pleasure model serves as a vehicle for pleasure in expected oral reward for obedience, so does this masturbatory pleasure model carry the fantasy of satisfaction by the mother.

Here is a description of the subjective pleasure resulting from 'making anything with my hands, such as knitting, cooking, or sewing':

The idea of creating this thing was such that I would much rather concentrate my time on it than on anything else because of the feeling it gave me. When I would work on it nothing else seemed important at the time. For some people perhaps this is not a unique experience but for me it is. I could get a sort of relaxed feeling (different from the tense kind of atmosphere I often feel). My mind would feel strongly relieved of the tensions of the fast moving world and a peaceful feeling would continue all thru the experience. My whole being would focus on of this thing. A glowing feeling would ensue until the end of this experience.

Attention is directed inward, as is indicated by the use of such expressions as 'for me', 'unique experience', and 'concentrate'. This concentration on the self, the focusing of the whole being on this hand-play, has the primary effect of relief of tension and produces a glowing sensation. The intensely personal self-centeredness, added to the emphasis on hands, the relief from ten-

sion, and the concept of creation (a genital act) imply that the unconscious model is genital self-stimulation. The sedative effect ('a sort of relaxed feeling') and the use of masturbation as a crude reparative device ('My mind would feel strongly relieved of the tensions of the fast-moving world') are familiar in clinical practice and require no elaboration.

The emphasis in the examples thus far presented has been on models of pleasure that are primitive, passive, receptive, and based on satisfaction of needs. In a relatively few instances, subjects described subjective pleasure in terms of models that are ontogenetically more recent. In general, these were in the context of self-assertion, subjectively interpreted as success in competition, defiance, or mastery. Here pride is most strongly emphasized, with additional stress on freedom, accomplishment, and excitement. The sensations characterized as 'excitement' imply the presence of anxiety, some element of danger to be overcome. The anxiety in these responses reflects fear of failure, fear of humiliation, and, perhaps primarily, fear of punishment. These fears appear in the following response:

The felling comes with in me and seem to be like a case of butterflys that you get before a big game. It starts low and finally spread out all over me. If you see something that really look good or has a great deal of excitement and joy you [I] feel good almost all day.

Pleasure comes and goes some times as fast as it started and has a great affect upon me.

A small laff comes up and seems to show all at wonce.

This is a picture of pleasure according to a model of pleasurable desire. Here the concept of pleasure is one of hope rather than fulfilment. The two specific sensations described are 'butterflys that you feel before a big game', indicative of anxiety, and 'a small laff', associated with pleasurable desire ('if you see something that really looks good'). This combination of fear and hope has been shown in a previous section of this study (3) to be characteristic of the 'anticipatory phase' of the pleasure

process, and clearly indicates that this pleasure model is in terms of expectation rather than satiation. This is an occasional finding and suggests a dynamic inhibition to fulfilment which restricts the subject's experience of pleasure to the preliminary phase. The inhibitory force is further suggested in the above response by the ephemeral quality of the pleasure described. Individuals with this type of response must find whatever pleasure is available to them in expectation rather than satisfaction. The implication is that for some individuals there is a linkage between pleasure and guilty fear which inhibits the pleasure by limiting it to the preparatory phase, the actual fulfilment having been blocked by fear of punishment. In this description, the only indication of the specific fear lies in the localization ('starts low', 'comes up'); both the pleasurable and painful aspects have their source low down. If this suggests the genital area, then therein lies both the hope of acquisition and the fear of depletion. This kind of experience of pleasure might be labeled the 'look-but-don't-touch' complex.

The forbidden wishes associated with the unconscious models for these kinds of pleasure sometimes provoke a reaction of elation, probably as a denial. The 'giving' quality in some of these descriptions may serve to obscure the fantasy that the great feeling of power is derived from merger with the mother. These characteristics appear in this young man's description of a subjective pleasure experience which has the aspect of pathological hypomania:

The inner feelings are characterized by an abnormal desire on my part for starting enterprises, a strong feeling of power for accomplishing and an abnormal adequacy, together with a craving for command. It is an intense desire for intellectual activity and organization. I perceive an almost mathematical unity and interdependence in all things. Were the restless activity of this powerful mental delirium not so ineffably wearying, and its individual points of light not so ephemeral, its ecstatic pleasure would be comparable to that of the old Greek Gods. I sometimes feel embarrassed by the very intensity and

generosity of my feelings, whose essence is kindness and good will towards men.

The experiences I usually have in mind that give me a lot of pleasure, joy, and delight are sexual. These constitute the majority of my joyful experiences.

The others are experiences of fame, fortune, and respect.

This kind of hypomanic expression of paranoid omnipotence is often seen clinically as a desperate denial in the face of humiliating failure in masculine competition. It is essentially a delusional attempt to retrieve self-esteem and is frequently associated with depression (13) and pseudohomosexuality (9).

Sometimes this denial by elation can show itself in a subjective experience of pleasure on the model of a fantasy of birth or rebirth. This may be a denial of ego-effacing passive oral wishes,—the wish, for example, to be incorporated, taken into the mother's body. Here, too, the description will emphasize self-importance, power, pride:

I felt exhilarated, completely refreshed, as if a wave of newness had drenched me. At the time, I felt as if nothing else mattered and nothing could be an obstacle in my path. I could overcome anything. I felt like giving an expression of this feeling by putting this new energy or feeling into dancing or singing (even though I can't sing, but at that moment I was sure I could). I felt this tremendous energy inside and wanted to throw myself into some activity wholly. Yet, there was an absence of someone to share this with, someone at the time which resolved itself into an aching feeling around the diaphragm and a constriction in the throat.

When the feelings or mood first came over me, I felt free and unbound and I felt as if I would burst and no longer be able to contain the joy I felt any more. I felt like crying, laughing and smiling in succession. I also felt superior to everyone and tremendous confidence overwhelmed me. I did not feel as if I were a part of any situation. I was detached from my surroundings. I knew I was in certain surroundings—I could see and hear them, but I wasn't really there. I was some place else and couldn't really recognize it or enter into it, perhaps because

they seemed too drab and ordinary. I think I almost felt contempt and ridicule for the environment because I was really in a world of fantasy where people should be dancing and singing and just being happy and enjoying themselves. This enjoyment, however, had to be expressed by dancing mainly. To take a deep breath would have broken the bounds of my body—so it seemed. To acknowledge my surroundings would have been suffocating (by this I mean to contemplate on them).

This girl's description implies a fantasy of birth or rebirth, expressed throughout and especially in the phrases: 'as if a wave of newness had drenched me', 'I felt free and unbound', 'I did not feel as if I were a part of any situation', 'I was detached from my surroundings', 'to acknowledge my surroundings would have been suffocating'. This last sentence indicates that this is an attempt at denial, specifically an escape in fantasy from the fantasy of suffocating surroundings (escape from the womb). The closeness of this elation to depression is indicated by the sudden intrusion of 'yet, there was an absence of someone to share this with . . .'. The 'someone' is the mother who was destroyed by the incorporation that gives so much strength ('new energy', 'tremendous energy', 'I felt this tremendous energy inside', 'I felt as if I would burst'). By this maneuver the omnipotence previously delegated to the mother is reacquired ('I could overcome anything').

All these descriptions of pleasure show certain fundamental consistencies. Foremost is the fact that the basic conceptual model for pleasure seems to be the relationship of mother and infant, particularly that of feeding (6). Descriptions of pleasure reveal models that emphasize one or another aspect of the feeding relationship or an ontogenetically later derivative. We may therefore tentatively classify pleasure experiences on the basis of the underlying unconscious model:

1. Being fed.
2. Experiences ancillary to being fed (lifted, held, diapered).
3. Experiences resulting from being fed (being relieved of re-

- sponsibility and fear, being strengthened, falling asleep).
4. Ontogenetically later derivatives:
 - a. Being fed as a promised reward for obedient performance (especially of bowel duties).
 - b. Transfer of the feeding role to the self (self-satisfaction) as self-reward for successful (obedient) performance.
 - c. Inhibited or exaggerated feeding of the self; this self-feeding expresses both fear and defiance because it rewards the self for defiant, and hence frightening, behavior.
 - d. Self-feeding (self-satisfaction) as a delusional attempt to repair threatened or damaged self-esteem.
 5. Erotization of the alimentary orgasm:
 - a. Association of alimentary and erotic stimulation.
 - b. Transfer of source of associated alimentary and erotic stimulation from mother to self.
 - c. Transfer of source of associated alimentary and erotic stimulation from mother to father.
 6. Combinations of the above.

This classification has been constructed from the responses examined in this study, and examples of each category have been supplied above. It immediately suggests several questions. What determines the particular model on which any given pleasure experience is constructed? To what extent does the immediate source of the pleasure influence the choice of models? Is there a consistent model or pattern of models characteristic for each individual in his varied pleasures? There also occurs the primarily philosophical problem of establishing a clear demarcation between 'normal' and 'pathological' derivatives of the basic conceptual model. It is perhaps encouraging that this report may raise more questions than it seems to answer.

SUMMARY

To gather data for the study of the inner experience which people call 'pleasure', a questionnaire was distributed to about

three thousand residents of the United States, differing in age, sex, education, and geographical location. Recipients were asked to 'think of any experience which gave you a lot of pleasure, joy, or delight. Try to put yourself back into the mood you had at the time. What were the inner feelings, the sensations inside, that you felt?'

A sample of the responses was selected and studied in the light of psychoanalytic theory to determine the basic experiential models which served as foundations for the subjective pleasure experiences reported. The basic model was found to be a picture of loving care by the mother, exemplified by the feeding relationship. Other models were ancillary to, derivatives of, developments from, or distortions of this basic model. They included pictures of part or all of the sequence 'to be lifted, held, and fed'; other pictures of bodily care; successful performance of bowel duties; models of sexual stimulation in relation with parents or self; pictures of defiant sexual or aggressive behavior; and combinations of these.

The various models are directly related to dependency and being fed: as reward for obedience, as punishment by threatened withdrawal, as substitutions of another person or the self for the feeding mother, or as erotization of the alimentary orgasm.

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THE FANTASY OF BEING RESCUED IN SUICIDE

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The attitude and behavior of the person who attempts suicide express a strong wish not to die. Before and during the act of suicide, a mighty struggle to cling to life conflicts with the self-defeating act. Karl Menninger (9), in speaking of the wish to die, drew attention to 'the paradox that one who has wished to kill himself does not wish to die'. He then observed, 'One sees this unconscious wish not to die in the very frequent attempts at suicide which turn out unsuccessfully because of faulty technique'. Stengel (11) says, 'There is a social element in most suicidal attempts. Once we look for it we find it without difficulty. There is a tendency to give warning of the impending attempt and to give others a chance to intervene. Those who attempt suicide tend, in the suicidal act, to remain within or to move toward a social group. In most suicidal attempts, irrespective of the mental state in which they are made, we can discern an appeal to other human beings. This appeal also acts as a powerful threat. We regard the appeal character of the suicidal attempt, which is usually unconscious, as one of its essential features.'

Our experience confirms these observations. The 'wish not to die' and the 'appeal character' of the suicidal attempt are acted out in association with a fantasy of being rescued; and this fantasy is expressed in a suicidal attempt so arranged that it provides for the intervention of a particular rescuer to prevent

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its successful execution. In the preparations for and in the execution of the suicidal act are expressed not only the wish to die but the wish to live and to be saved by this rescuer. A savior is chosen and an opportunity for rescue is provided. If the behavior of the one chosen for the rescue is not what the suicidal person expects or hopes it will be, death is probable or inevitable.

The fantasy and the response of the chosen rescuer are illustrated by the following example.

A desperate young man whose wife was in the final stages of divorce proceedings decided to make a last bid for reconciliation. Without conscious purpose or plan, he loaded his shotgun and put it into the back of his car. Then he called on his sister-in-law, who closely resembled his oldest sister. When troubled he had frequently found solace in her sympathy and understanding. As a result of her encouragement and in a wave of optimism, he rushed to the home of his wife's parents about fifty miles away. But before he left his sister-in-law, he gave her a sealed envelope with the admonition not to open it unless she did not hear from him later that evening.

His wife was not at her parents' home, and while he waited for her to return his optimism waned. His purpose in bringing the gun began to crystallize. If she adamantly refused to consider his plea, he would shoot her and her whole family and commit suicide. As he considered the idea, murder seemed impossible but suicide held an impelling fascination. Finally, after waiting more than half an hour, he decided to commit suicide if his wife did not appear within the next five or ten minutes. However, before she arrived, and before the additional minutes had elapsed, the police appeared and he was taken into custody without a struggle.

His sister-in-law's concern and curiosity had been aroused by his manner and behavior. She had opened the note which suggested suicide without specifically stating that it was intended. She had notified the police.

He had chosen the sister-in-law for his rescuer, provided sufficient provocation to arouse her suspicions and curiosity, and then allowed ample time to elapse for her to save him if she acted promptly.

The following is an example of an unfulfilled wish to be rescued.

A man in his early fifties feared demotion at work and was unhappy about his wife's entry into a professional school. He devoted several weeks to putting the details of his life in order and repeatedly left notes reminding himself to check insurance policies, mortgages, and house repairs. He became more withdrawn than usual, read until early morning instead of sleeping, lost all interest in social activities, and became irritable with his twelve-year-old daughter whom he adored. His wife noticed these changes but did not discuss them with him or anyone else.

One night she went to her regular bridge club meeting and as usual returned home at twelve-thirty. As she entered the house she thought it strange that the light was on in the garage and even stranger that her husband was not in the house. However, supposing that he might have gone on an errand, she sat down to read while she waited for him. The fact that an errand was most improbable at this hour and that if he had used the car for such a reason he probably would have left the garage door open did not occur to her. After glancing through some magazines for half an hour, she decided to investigate the light in the garage. There she found her husband, still breathing, seated on the floor next to the car with its motor running. Next to him was a book of Chekhov's short stories opened to the description of a suicide. This she recognized as a suicide note. However, instead of calling for a doctor, an ambulance, or the police, she called her sister-in-law who instructed her to call the hospital. Her husband was dead on arrival at the hospital. She was grateful for his choice of method 'because it was recorded as accidental'.

It is clear that this man served sufficient warning of his intention and that his warnings were received. By his choice of

method and his timing he offered his wife sufficient opportunity to intervene and rescue him. She did not respond. If the fantasy of being rescued underlying the suicidal attempt were to be expressed verbally, it might be: 'If you love me more than you hate me, you will save me. If you will not save me, I shall be dead.' A potential suicide does not become actual unless a possible rescuer, by failing to recognize the significance of the drama unfolding before him or by failing to respond, permits it to occur.

Menninger (9) writes that suicide entails three elements: the wish to kill, the wish to be killed, and the wish to die. We suggest a fourth element: an unfulfilled wish to be rescued.

The fantasy of being rescued tends to become conscious in varying degrees. When the wish to be saved is partially or almost wholly conscious, rescue is practically insured by the behavior of the suicidal person. The following case illustrates this point.

A twenty-one-year-old college sophomore told the telephone operator at the university health service department, where he had received almost weekly attention for minor complaints, that he was going to commit suicide. His call was promptly transferred to a social worker who engaged him in conversation while efforts were made to locate the source of the call. Speaking slowly, haltingly, in a barely audible voice, the young man explained that he was going to jump from the twelfth (top) floor of a particular building, that he was calling from a phone booth, that he had no money, no clothes, was in debt, and did not know what to do. Refusing to identify himself or reveal where he lived, he hung up the receiver. In the meantime the call had been traced to one of the booths in the building and a search was under way. Ten minutes later he called back, continued the conversation for several minutes, and then hung up again. By this time every booth in the building had been searched without finding him,—every booth but one in the basement. By the time someone remembered it, he had ended the conversation and left. A watch was put on the roof but he did not go there.

By the next day clues extracted from the conversation provided the means for identifying him, and a social worker went to his room where he was found in bed. The young man had spent the night wandering through the city streets. He was found to be seriously depressed and suicidal, but he had allowed ample opportunity to be rescued. Failure to come to his rescue probably would have been understood by this man as proof of abandonment.

The suicidal person may even become his own rescuer.

An impulsive man in his mid-twenties had lost his job and been put out of his mother's home because of drunkenness. In injured rage he decided to 'end it all'. He chose to jump from a well-traveled bridge that was not very high, into water not very deep, not too far from shore, at an early hour in the evening in late spring when it was not yet dark. The water turned out to be shockingly cold and the idea of dying in such uncomfortable circumstances was unbearable. Since he was a good swimmer he could easily change his mind and save himself. This he did by swimming under the bridge to escape detection. He told no one of his attempt until he related it to his doctor over a year later. The man had rescued himself.

The fantasy of being rescued may, however, be expressed only through slips of the tongue and inadvertent behavior. In such cases, the subject frequently is not aware of or will not acknowledge thoughts of suicide, death, or destruction. If he is aware, and can acknowledge them, he tends to minimize or deny their frequency, intensity, and importance. For such people the thought of suicide is almost inseparable from the act. Initially the suicidal impulse itself may be clinically less obvious than the fantasy of being rescued, which may be acted out as a prelude to and a magical warding off of the impulses of self-destruction.

For example, a woman in her mid-fifties, using a pseudonym because she wanted to keep her visit and identity secret, sought consultation for her adolescent son who had long been a dis-

appointment to her. For weeks she had been unable to sleep or eat, had lost fifteen pounds, and had been mildly hypomanic. Discussing her son, she repeatedly used such colloquialisms as 'I like to died' and 'It'll be the death of me yet'. 'Dead' and 'death' appeared frequently in her speech. However, she adamantly denied thoughts of suicide and insisted she was 'just fine'. During the next few consultations she discussed the possibility of psychoanalysis for her son and provided several clues to her real identity without being aware that she did so.

The night before her next appointment, she terminated the consultations by dropping a note into the doctor's mailbox. She attributed the termination to aggravation of her symptoms, including a number of somatic ones, to a feeling that it was hopeless to try to help herself by talking, and to the conviction that she could now solve her own problem. After verification of her identity she was notified by telegram that her hour would be reserved for her and that she was expected. She kept the appointment and insisted that she had thought of nothing beyond terminating her consultations. However, during the next few weeks after she had begun to sleep, eat, and gain weight, suicidal ideas became conscious and she spoke of them.

After choosing the doctor for a rescuer, alerting him by slips of the tongue and colloquialisms, she told him her real identity without awareness that she was doing so, and then gave warning of her intention with the note and its ominous insistence that she could now solve her own problem.

Even in the suicide attempts of 'borderline', psychotic, and toxic patients a savior seems to be designated, no matter how impersonal and possibly confused the choice, and an opportunity for rescue is provided though that opportunity may be brief. Both designation of the rescuer and the opportunity offered may be so disguised in symbolic terms, so obscure, and so quickly given that the fantasy is almost imperceptible. The following case is typical.

A chronic paranoid schizophrenic patient who had been

barely managing to stay out of the hospital had exhausted his financial resources and had been moping for several days in his YMCA room. Late one night he complained of his emotional state to the desk clerk, who promised to drive him to the hospital in a few minutes. However, thirty minutes later when the clerk entered the lobby the patient had disappeared. After waiting briefly for the clerk, he had left and walked to a nearby hotel. Entering the hotel lobby he walked back and forth before the hotel detective, who wondered at this behavior but did nothing. He next rode up and down in the same elevator with the same operator several times. Finally, the operator let him off on the eighth floor and noticed that he seemed to be confused or lost. After a brief delay he committed suicide by jumping from a corridor window.

In succession, this man had chosen a desk clerk whom he knew only slightly and two persons unknown to him to act as his rescuers. Each was presented with a cryptic appeal for help. His own obscurity in communication and the lack of sensitivity in his potential rescuers probably caused his death.

Study of many hundreds of attempts at suicide (including the six hundred or more such cases treated annually at the Detroit Receiving Hospital and the cases among students at Wayne State University, as well as cases reported from private practice) shows us that whenever a reasonably detailed account of the behavior of the suicidal person is available, there is evidence of the fantasy of rescue. Cases cited to disprove the existence of the fantasy have regularly demonstrated it most clearly.

Regardless of the extent to which it has become conscious, the essential features of the fantasy of being rescued are always expressed unconsciously through the acting out of the destructive impulses in the suicide attempt. The voice and its intonations; the gestures and posture; acts done or left undone; habits of eating, drinking, sleeping, and cleanliness; attitudes and emotional responsiveness—all may serve to dramatize the distress of the suicidal person in an infinite variety of ways and to con-

vey both the self-destructive intent and the desire for intervention to the potential rescuer.

The essential features of the fantasy are first perceived unconsciously by the rescuer if he is to fulfil his designated role. This rescuer must be someone who at a particular time responds to the unconscious destructive impulses of the suicidal person as though they were his own; but he must differ from the suicidal one in two essential respects: 1, he must have a surplus of free libidinal energy with which to love the suicidal one and initiate the act of rescue; and 2, he must have sufficient ego strength to deal with the destructive impulses, not only of the one he is to rescue but his own as well, whether they are directed toward himself or the suicidal person.

Thus the rescuer must be among those who at the particular time unconsciously empathize with the suicidal person and simultaneously have sufficient ego strength and libidinal energy for both of them. The prototype for the relationship the suicidal person seeks with the rescuer probably existed originally between the infant and mother at a time when they shared a common ego, chiefly the mother's, and each responded directly to the unconscious of the other as though it were his own; this state is temporarily reinstated by regression in the patient contemplating suicide. Freud (4) and Abraham (1) have written about children's fantasies of rescuing a parent; such fantasies have an œdipal or reparative meaning. And Glover (6) suggested that suicide is due to a sudden confusion of self and external world through projection and introjection.

Moreover, the 'rescue' of the suicidal person is an acting out between him and the rescuer. This is an acting out between parent and child, in its prototype. This kind of acting out has been described by Weiss (14), Johnson (7, 8), Szurek (8, 13), Bird (2, 3), and others. Each party in such an acting out responds to the unconscious of the other as if it were his own.

In providing the opportunity for intervention, the suicidal one rarely seems to take into account the possibility that an unforeseen event may delay or prevent the expected behavior

of the rescuer. A serious suicidal attempt may be preceded by vague and ambiguous notification and warnings. It may take place just at the time a husband usually arrives home from work or a landlady usually makes a bed,—a time so easily liable to postponement from trivial causes, so exacting in its demand for simultaneity of action between the suicidal one and the rescuer, that successful suicide seems insured. Yet it is most remarkable how seldom an accidental occurrence delays or interferes with the rescuer's fulfilment of his role. But it often happens that a potential rescuer recognizes the role assigned to him yet refuses that role or attempts to transfer it to someone else.

Interference in communication between the suicidal person and the potential rescuer frequently seems to result from certain factors. The rescuer's own unconscious hostility may have been so aroused by the demands, the unpleasantness, and the antagonism of the suicidal person that his predominant unconscious attitude is, 'Do it and be done with it. Good riddance.' This attitude may be one reason why guilt has not seemed to be quite as significant as the ego and libidinal resources in determining the response of the potential rescuer. The denial (both conscious and unconscious) that the suicidal person 'really means it', in spite of obvious evidence that he does mean it, tends to allay the guilt. Later, after the suicide has been committed, nagging guilt frequently sets in. Karl Menninger (10) noted that relatives often refuse to see their own part in promoting a suicide. They cannot bear to see how close such behavior is to homicide. Another factor is that the rescuer's ego and libidinal resources may already be taxed by his own affairs so that there is insufficient ego strength and libidinal reserve to deal with the sum of the needs of the two of them.

In Mourning and Melancholia, Freud (5) says, 'Now the analysis of melancholia shows that the ego can kill itself only when, the object cathexis having been withdrawn upon it, it can treat itself as an object, when it is able to launch against itself the animosity relating to an object—that primordial reaction on the part of the ego to all objects in the outer world.'

Thus in the regression from narcissistic object choice the object is indeed abolished. . . . In depression, the ego has been unable to resolve a conflict in relation to the frustrating object. Regression from the narcissistic object choice has therefore taken place, and the conflict has been internalized. The abandonment of the object is the active repetition of the originally passively experienced abandonment of the ego by the primal object (the parent). However, this original abandonment, severe trauma though it was, was not complete and absolute. If it had been the individual would not have lived. This state, however, is regressively reactivated when a situation arises that closely resembles the original trauma or abandonment.

Following the regression and introjection of the object, the object bears the same relationship within the ego to the destructive part of the ego that the originally traumatized helpless infantile ego bore to the originally abandoning primal object. Thus the introjected object and the traumatized infantile ego are in the same position relative to the destructive part of the ego.

If our concept of a fantasy of being rescued in suicide is valid, the suicidal person repeats literally the original trauma and places himself in the position of the originally traumatized infantile ego and in the same position as the introjected object within the ego. Again the ego is literally dependent upon a savior as it was in infancy. Again the ego must be saved, but this time by the surrogate of the primal object (I_2). Implicit in the wish to be rescued is the wish to save the object and thus to restore the earlier relationship between the ego and its external (loved) object. In other words, the wish to be rescued is an attempt at restitution and implies that the suicidal person must actually be abandoned by the chosen rescuer (who represents the primal object) if suicide is to occur.

Richard Sterba (I_2) elaborated upon the aggression expressed in the fantasy of rescue. "The content, "rescuing", expressed only a part of the complex fantasy, for the object to be rescued must first have been brought into the danger from which the

producer of the fantasy is to save it.' Whereas the rescue fantasy expresses the active wish to save an object brought into danger by the aggression of the producer of the fantasy, the fantasy to be rescued in suicide expresses the passive wish to be saved by an object upon whom the suicidal person has projected a share of his own aggression and whom he unconsciously holds responsible for his impending death. The aggression against the object, or potential rescuer, is expressed passively through the threat of making a murderer of the potential rescuer if the fantasy to be rescued is not fulfilled in reality.

While the fantasy expresses the passive wish to be rescued, the role of the rescuer is an active one and he cannot equivocate if he is to function in his designated capacity. For equivocation will change his function from rescuer to pallbearer. This fact has special importance for psychotherapists and others who by reason of transference are likely to be chosen as rescuers.

The tremendous responsibility implicit in the recognition of the fantasy of being rescued is a powerful deterrent to that recognition. Yet once the potential rescuer becomes conscious of his designated role, failure to accept it may be tantamount to homicide. Specific intervention is necessary. It may range from a telephone call to the imposition of restraint. Simple interpretation may suffice, but usually it does not. Moreover, the rescuer must be prepared to intervene repeatedly or continuously if he is to save the suicidal person. Resort to therapeutic anonymity or passivity by therapist or analyst to avoid the responsibilities of the rescuer is a rationalization at best and will probably end disastrously for the suicidal person and sometimes for the potential rescuer as well.

Just as the preparation for and act of suicide represent a summation of all those forces tending toward self-destruction, so does the fantasy of being rescued represent the summation of those forces tending toward the defeat of the destructive impulses and the continuation of life.

SUMMARY

The fantasy of being rescued from suicide is expressed as a suicidal attempt so arranged that it invites the intervention of a particular rescuer to prevent its successful execution. A wish to be saved is an element in every attempted suicide. The rescuer is chosen from among those who have the capacity to empathize with the suicidal person at a particular time. In 'border-line' and psychotic individuals the choice may be symbolic and vaguely expressed.

The prototype for the relationship the suicidal person seeks with the rescuer probably is that early one between child and parent when they shared a common ego and responded directly to the unconscious of each other. The rescuer must have a surplus of free libidinal energy with which to love the suicidal person and initiate the rescue, and he must have sufficient ego strength to deal with the sum of the suicidal person's and his own destructive impulses. Often a potential rescuer recognizes the appeal to him but disregards it because of his own hostility or lack of ego strength and libidinal resources.

The more conscious the fantasy of rescue, the easier it is for the suicidal person to find and accept a rescuer.

The fantasy is an attempt to restore the original relationship between the primal object and the ego of the suicidal person.

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NARCISSISTIC DEFENSES DURING PREGNANCY

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The patient to be described in this report experienced an episode of acute anxiety during the seventh month of her third pregnancy. She required immediate psychotherapy and later began a psychoanalysis. During the course of this psychoanalysis, after the birth of the child, she became pregnant again. The dreams and fantasies evoked by her conception, gestation, and delivery show how she marshaled her defenses and why she was so much disturbed by pregnancy. The psychoanalysis also helps to explain why psychotherapy during the initial emergency provided immediate symptomatic relief but failed to reach her basic problems.

The patient was an attractive and highly intelligent married woman in her late twenties. She had a sister a year and a half older; two younger sisters and her only brother were born by the time she was five. She did not at first mention her mother's first-born child, a boy who died at the age of three or four during her mother's pregnancy with the patient.

Her parents spent much of their time in active social life. Throughout her childhood and adolescence they went out almost every evening and usually entertained guests the few nights they stayed home. She never saw her parents express any affection for each other and became aware at an early age that something was lacking in their relationship. Her mother became a prominent figure in various philanthropic organizations and often spent the evening at a dinner party different from the one to which her father had been invited. Detailed arrangements made it possible for her mother to know exactly what each of the children was doing at every moment of the day.

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'Mother tried to control every detail of our lives.' The house was constantly guarded by private detectives and the children, including the patient, were surrounded by servants, governesses, and teachers who gave them private lessons.

The patient believed she was her father's favorite daughter. She could not, however, win the interest he showed in her only brother. At fifteen she realized that a certain married woman was her father's mistress. She became keenly aware of her mother's distress when her father would fail to appear at family parties. On other occasions her father, an amateur artist, would leave the table and spend several hours completely absorbed in a picture he was painting. She thought of him as weak and in need of protection from her stronger mother.

At age eleven she had her first menstrual spotting which occurred at the time of her maternal grandmother's funeral. She felt drawn to her mother and told her about it, but experienced a painful sense of rejection when her mother remarked that this is not the sort of thing that people discuss. She was quite fat during that year and remembers that her older sister who had not yet menstruated made fun of her. Secretly she consoled herself by imagining that when she was fourteen she would become a princess. At times she more or less deliberately allowed herself to lapse into a kind of spell in which she became blank and walled, enjoying the disturbance this created in the family.

Her periods were irregular at first but she concealed this from others, reporting that they occurred every twenty-eight days, so that for a day or two she could sit on the stage at one end of the school gymnasium while the other girls engaged in sports. Later she developed severe cramps and malaise with her periods, occasionally fainted, and stayed in bed for two days each month until the time of her marriage. She particularly remembered the menstrual cramps she experienced when her mother took her on the train to boarding school.

She felt unpopular at school and was aware that the other girls did not want to include her in their secret clubs. It became

evident, however, that her intellectual capacity was outstanding and she had no difficulty in leading her class.

At sixteen she had a succession of illnesses including pneumonia, an appendectomy, chicken pox, and impetigo. While receiving morphine just after the appendectomy she was frightened by an urge to throw herself out of the window. From the time she had pneumonia until her marriage, she had occasional bouts of asthma but had no attacks thereafter. From time to time throughout her adolescence, and more rarely since, she had transient eczematoid eruptions on her forehead or chin.

She received a great deal of attention from men when she went to parties and dances, but believed that they were attracted only by her looks and that she had to be careful to conceal her intelligence. She resented the protective but patronizing attitude many of them manifested toward her as a woman, and finally became so much incensed that she decided to go to a well-known technical college rarely attended by women in order to prove that she could do as well as a man. After proving this for two years, she left and was later graduated from a college for women. After graduation she worked on a research project where she met her future husband. Soon after marriage she became pregnant, but because she caught German measles this pregnancy was terminated by an operative abortion before the third month.

A second pregnancy resulted in the birth of a son who was named after her husband. She remembered with horror the pain of this delivery and described what sounded like a hysterical episode that occurred after she had received some anesthetic, when for a period of several hours she believed that she was twelve years old and seemed unable to remember anything that had happened since.

When her son was three years old, she wanted to have another baby and planned with her husband to become pregnant for the third time. During the seventh month of this pregnancy she began to have attacks of pain on the right side of her abdomen, followed by deep aching in the left side extending down over

both legs and upward to the chest. Her skin over these areas became irritated with sensations described as like 'ants crawling'. Tearful and frightened, she was haunted by dread of the inevitable approach of death. She felt so weak that she could not lift her head and could not even feed herself. Although she had difficulty keeping her eyes open, even large doses of phenobarbital failed to allow her to sleep. After about a week, during which these symptoms became increasingly severe, she was admitted to the hospital. Since no organic disease could be demonstrated, she was referred to the psychiatrist for consultation and explained, 'I'm so scared. I'm afraid of everything. I'm afraid of a glass of milk but I'm not afraid of having the baby. Something is frightening me.'

She had a series of about twenty interviews, daily at first and then two or three times a week until the time of her delivery. Symptomatic improvement was rapid and it was possible to let her go home from the hospital in a few days. The question of eventual analysis came up from time to time during these discussions and it was made clear that therapy at that time was for help in the acute situation and that analysis would be considered only after the birth of the baby.

During the interviews she expressed terror of insanity as well as fears at finding herself in the hands of a psychiatrist. She pointed out, however, that what she told the psychiatrist did not really count because he was not a person she had ever heard of socially. She then felt guilty for having made such a remark. (Throughout her subsequent analysis the analyst frequently appeared in her dreams as a hairdresser, a chauffeur, or a butler, and finally, when the analysis was coming to an end after four years, as a purse snatcher.)

In the course of the psychiatric interviews she was encouraged to believe that her intelligence could help her to solve her emotional problems and she was also encouraged to consider herself as potentially a good mother. It was suggested that she might very well find no difficulty at all in nursing this baby, even though she had not succeeded before. (During her later

analysis this deliberate re-enforcement of her available defenses was used by the patient to justify her intellectual control of her emotions; this control was her defense against feelings of helplessness which had remained basically unaltered by the reassurance and suggestion that she received during the psychotherapy.)

She gave birth to a second son without further evidence of emotional disturbance but received heavy dosages of sedatives and analgesic drugs. After the delivery she felt happy and found that she had no difficulty in nursing the baby. To her son she gave the same name as a prince of the British royal family.

Two months after the delivery she returned for further interviews, expressing doubts about her ability to serve as a wife and mother and contrasting the menial role of the housewife to the interesting and challenging activities of a career outside the home. Psychoanalysis was now recommended and continued for four years with a total of six hundred eighty-four sessions. After she had been in analysis for over a year she became pregnant for the fourth time. The analyst continued to see her five times a week until the day before she was admitted to the lying-in hospital, and thereafter for two years.

Her first few analytic sessions were notable for the freedom with which she described her dreams and fantasies. Throughout her analysis she brought dreams quite frequently, about every third or fourth hour. This presented a technical problem,—to give enough interpretation to allow the preconscious and implicit elements in her fantasies to become fully conscious and explicit, but at the same time to analyze her use of dreams as a resistance. After about six months in analysis she indicated her dislike for the word 'fantasy' which to her implied something secretly disreputable; she preferred to think of herself as having an active imagination. It seemed to her that the analyst's knowledge about people's fantasies gave him the power of manipulation, and 'manipulation' suggested fingers and masturbation. Comparing the analyst to a housewife listening to a 'soap opera' or to the English people enjoying stories about the royal family, she pointed out that although she could indulge in fantasies

only for a few minutes during her hour, the analyst could sit and enjoy them eight hours a day.

These early interviews indicated her capacity for a kind of virtuosity in the display of her imagination, ostensibly in the service of her conscientious endeavor to be a good student during her daily 'lesson', but also subjecting the whole analytic procedure to subtle ridicule by carrying it out even better than the analyst might have dreamed possible. After she had clearly lapsed into lengthy and affectless associations which demonstrated that she could make clever use of what she had read and heard about psychoanalysis, it became necessary to interpret this as a fine intellectual performance serving as defense. She first insisted, '*I am smart*', and then became angry and also frightened, reporting a dream that the analyst was about to let a dangerous man out of prison.

The content of these early interviews could be fully analyzed only later, when at last effective interpretation could be made of her defensive use of her capacity to produce dreams and fantasies. It is in retrospect clear, however, that these early hours offered an advance synopsis of what proved to be some of her most important difficulties. Her sado-masochistic preoccupations and her conflicts concerning exhibitionism were clearly stated in those hours; dreams about harbors, islands, swimming, and birth recurred frequently and it became evident that conflicts concerning incorporation constituted the central problem in regard to pregnancy.

There is little doubt that her diagnosis is hysterical character neurosis with narcissistic and compulsive elements. The histrionic quality of her behavior, characteristic of hysteria, had attracted attention during the delivery of her older son, when she believed that she was back at the age of twelve. During her next pregnancy, she showed hysterical dramatization of her weakness and acute anxiety, which required immediate treatment. But these were episodes in which she had become temporarily overwhelmed by panic and the rest of the time she resorted to a similar but far better-controlled playing out of her

daydreams. Around the age of fourteen she had imagined herself as a fictional character and almost believed that she would become a princess. As a young girl she had 'blank spells', once made believe that she had sprained her ankle, and used to pretend that she had a menstrual period every twenty-eight days. These traits exemplify a somewhat mendacious tendency to substitute her private game for reality.

The first appearance of her asthma after an attack of pneumonia at sixteen was a somatic compliance. It seems plausible to interpret the complete absence of further asthmatic attacks after her marriage as resulting from her partial transformation of a dangerously primitive attachment to her mother into a more benign dependence on her husband, one of whose nicknames was 'Mother'.

The first few interviews indicated her intense concern with her body image. This was characteristic of her dreams and fantasies throughout the analysis and was the basis of her disturbance during pregnancy. She dreamed of her body as a Steuben glass vase with a small flaw. (Schilder [6, p. 122] remarks that narcissistic libido has as its object the image of the body.) To the flaw she associated her own abscessed tooth with pus pouring out and a small hairy spot on her lower back. She tended in dreams to transpose front and back, she symbolically substituted the oral, anal, and vaginal openings for one another, and she perceived the inside of the body as a primarily oral cavity (7), associating pregnancy to a fish swallowed by a bigger fish. Schilder quotes Federn as saying, 'When we fall asleep and dream the old lability of the body image comes back and the body contracts and expands according to our emotional needs' (6, p. 124). Her masochistic preoccupation with surgical mutilation recalls Schilder's comment that fear of mutilation of any kind is based upon the narcissistic love of our whole body (6, p. 191).

All dreaming constitutes regression to a relatively primitive type of thinking, but this patient's waking fantasy also, at times, showed regressive tendencies. She was, however, able clearly to

differentiate fantasy from reality except during the episode at the time of delivery when, while still under the influence of anesthesia, she believed herself twelve years old. Tenuous contact with reality and confusion of fantasy with reality are typical of the hysteric, as is also a peculiar tenacity of oral mechanisms shown by this patient (see Marmor, 5, p. 659).

Her dreams, moreover, indicated a shifting identification with the body images of her father and her mother, with the dead brother who preceded her in her mother's womb, and with her sisters who came there afterward. These dreams during the early phase of her analysis, many months before conception, indicated an intense preoccupation with pregnancy. A dream about birth, to which she associated lying in a tub of warm water in her mother's house, expressed her regressive wishes for envelopment by mother; her preoccupation in the dream with the wetness of her skin suggests that these wishes may have intensified her libidinal awareness of her body surface. Her conflicts concerning exhibitionism and the somatic compliance of her sensitive skin, which 'broke out' from time to time with eczema, illustrate this awareness. The occurrence in close succession of severe illness (pneumonia), a surgical attack on her body (the appendectomy), and two skin diseases (chicken pox and impetigo) at the age of sixteen increased her sense of physical vulnerability. She experienced the surgical destruction of her first pregnancy following another disease with prominent skin lesions (measles) as real confirmation of her terrifying fantasies.

All this suggests that her narcissistic concern with her body image, which she perceived as damaged, represented a defense against an urge to allow her whole body to become masochistically consumed in a total maternal surrender (2). Although secret withdrawal into dreams and fantasies insulated the image of herself as a beautiful woman, it left her isolated and vulnerable. Her need for control and a rather puncturing intellectual sharpness (which she uneasily regarded as pseudomasculine) expressed her attempt at compensation by unconscious identifica-

tion with her mother, who had seemed so independent and controlling. She was concerned with the problem of the roles of man and woman in our culture; analysis showed that this concern represented an intellectualized displacement from anxiety about her own capacity for primitive rage and her sense of total helplessness evoked by her lack of true mothering.

After she had been in analysis for fifteen months she became pregnant for the fourth time. On the day before her last period she reported that her older son, aged six, wanted to know whether the young girl who helped take care of the children would bring him a little sister for Christmas. (It was now early in January.) He wanted it to be ordered from the hospital and brought by his mother. The patient explained that there has to be a Daddy. The boy then asked, 'When did we [meaning his mother and himself] meet Daddy?'. During this hour she described the servants' families she had known as a child and contrasted the chauffeur's wife who was like a witch with a broom to the gardener's wife who was soft and kind and secretly gave her cream for her kitten. She remembered thinking that if she ever went beyond the door and into the kitchen of this woman's house she would be endangered and might completely disappear. Her accounts of daily happenings, particularly the doings of her children, not only accurately chronicled her daily life but also referred symbolically to her deeper preoccupations, just as the manifest content of a dream refers to the latent content. She was aware of this herself but usually left interpretation to the analyst.

She had two dreams during the six days when conception most probably took place.

She brought home a guest. Her older son was not there. She showed the guest to a bed in the guest room but later he was in her bed. She went to get her younger son. She dreamed that on awakening in the morning she found her younger son had got out of bed and had taken a blanket with which he had covered himself on the floor.

In commenting on this first dream she remarked that she felt confused,—it was a feeling of not knowing where she was. Time seemed to be mixed up, for she brought the guest home in the daytime and yet it seemed to be nighttime. This disturbed her because she liked to feel that she had conscious control in her dreams. She thought perhaps the dream had to do with feelings about the analyst who, she believed, might be represented by the guest. This guest was in bed with her but her younger son was also there and seemed more independent than she had thought. He was completely covered by the blanket because his head was not even showing. She emphasized that in the dream her husband and older son were absent.

The associations to a dream four months later helped to clarify this first dream. The later dream was about Rita Hayworth who was living with her two children by herself in a house in Tennessee which was off the ground on two sticks. She was waiting for her divorce. For a while the patient herself was Rita Hayworth but at another time she was interviewing her for the press. Later in the dream she was in bed with her husband. She wanted him to make love to her and he was about to do so when her younger son came running in. In this dream it was very late.

She remembered in her associations that late in her pregnancy with her older son, her husband had come home from the war. Intercourse was followed by a cramp during which she thought the baby would be born, but instead it moved down to the floor of the pelvis. There was no room at that time for intercourse, and she remarked that now there was again 'no room' (because she was four months pregnant) for her younger son to go back and be a baby again. She associated Rita Hayworth's divorce to giving up being a princess. Interviewing her for the press seemed to indicate that the patient identified herself with the analyst.

Associations to this dream suggest that 'the guest' of the first dream referred not only to the man in her bed but also to the foetus in her body, whose presence displaced the baby's father

for whose penis there was now 'no room'. The beautiful actress living alone with her children in the house on two sticks (which sounds like a child's primitive drawing of its mother's body) also excludes the children's father by divorce. The patient's identification with Rita Hayworth may have been based on the fact that this actress gave up the exhibitionistic gratification of her career as well as the exotic glamor of becoming an Indian princess, but at least she had her children all to herself so that she became self-sufficient and no longer needed anything a man could give her.

The second dream occurred on the night after the first.

Her garden was filled with all sorts of beautiful flowers. She had no idea her garden had so much in it because it was winter-time and the flowers might all be killed. In what seemed to her to be another part of this dream she was looking in the window at Bergdorf Goodman, seeing all sorts of beautiful dresses and furs. She was outside in the storm but felt that although she could not afford these dresses she could make them herself.

In her associations she mentioned that the day before while sitting at her desk (below which there is an outlet for air returning to the furnace) she had a sudden glimpse of violent feelings which frightened her. They were extremely attractive but it was like falling down a well—not exactly like Alice in Wonderland. The only trouble was that she did not exist at all.

These two dreams suggest that she was aware of the possibility of conception and that this possibility evoked fantasies of a regressive dissolution of the boundaries of time and space (confusion of day and night, past and present, inside and outside), thus establishing a dreamlike return to the original objectless condition. This fulfils 'mankind's eternal yearning for identity between the ego and the nonego', as Helene Deutsch reminds us, 'once realized in the mother's womb' (1, p. 139). The loss of real boundaries permits the introjection of strength from the external world resulting in a feeling of omnipotence which balances the projected threats and dangers.

But the allusion to the guest in the guest room suggests that occupancy of the womb is to be temporary. The dream of her son's surprising independence and his climbing out of bed to the floor perhaps served as a warning to herself that babies get born, and she later recalled that her own baby had moved to the floor of the pelvis on his way toward the birth canal. She therefore must have perceived the new balance as precarious and eventually doomed by the relentless progress of the biological process. Separation would bring the terrors of a renewed and drastic shrinkage of the ego. Furthermore, the product of conception, an internal substance which would in fantasy have become invested with any increased feelings of omnipotence, would at birth become joined to the externally projected enemy and face her as a powerful demanding stranger (expressed during her pregnancy as the fear that she would be completely in the power of the baby).

The content of the second dream (her garden fuller than she had realized with beautiful flowers which might, however, be killed) and her associations (the room air returning to the furnace, suggesting respiratory introjection in this former asthmatic) seem, since the dream took place at the time of conception, to indicate her sense of the dangers of passive incorporation. It can be surmised that being outside in the storm referred to the eventual storm of labor and foetal separation. Since she would have to pay too high a price in humiliation and helplessness for indulging her wish to be adorned as a woman (unable to afford the beautiful dresses), the dream suggests a solution which actually became the theme of this pregnancy,—to make her dresses herself. Her attempt to feel that she could make and give birth to the baby by herself enabled her to re-enforce her mastery of her body and its boundaries at the expense of her libidinal investment in the child as a truly independent being with a life and goals of its own. In fantasy the baby thus remained confined to an exact replica of herself and there was indeed 'no room' for anyone else at all.

Thirty-four days after her last menstrual period she reported

that the previous night her husband had driven off from the club believing that she was in the car with him when actually she had been left on the steps. She thought it funny, and guessed that he would not realize she was not with him until he got into bed. Her amusement in reporting this episode to the analyst suggested that she regarded her husband as having unconsciously acted out her own fantasy of displacing him after conception,—that he had, in fact, acted it out so completely that whether he was with her or not no longer mattered.

During the following session, a Friday, she reported that her older son had suggested that the next time they went skiing there should be a place for the Daddies and a different place for the mothers and children so the Daddies would not get mixed up with the Mommies. (Once again the husband and the child are mutually exclusive; if one is 'there' with the mother, the other is not.) She mentioned Alice in Wonderland who was too big to get back into the secret garden and began to cry, remarking that even if one is too big one cannot give up hoping. In a different voice she added that she did not really want to go through the door into the secret garden (the womb) as she felt it would be dangerous.

The following Monday she remarked that she had not mentioned that last Thursday and Friday she had been wondering if she might now be pregnant. She believed that the analyst had indicated at the beginning of the analysis that she should fully discuss becoming pregnant so as to make sure she would not be doing it to escape something. (Actually there had been no such demand by the analyst.) If she should be able to have a baby, the analyst might become angry and walk off believing that she did not need any more help. Similarly, she thought that if she did not carry out labor and delivery exactly according to the ways and ideas of her obstetrician or of her mother, she could expect no help at all, so that she must read everything about babies and take over completely herself. What disturbed her most was the thought of the baby being taken away either during the pregnancy or afterwards. She felt physically over-

whelmed, that she had lost perspective, and that she could not seem to get 'outside' herself.

She complained of backache from time to time during the first two trimesters but not at all during the third when the mechanical strain was actually greatest. Early in the second trimester she explained that she held her back tight as otherwise she might fall apart and her perineum might protrude. She feared that she might lose the baby and that this would be her own fault. She had a sense of fighting feelings belonging to an evil little girl the analyst had not met. She had been talking of her fear of getting angry and of her intention to cut off her fingernails before going into labor to protect the nurses. She became much concerned about a screaming dog with a broken leg which might bite its rescuers.

She wanted to feel that having a baby was important but thought that the obstetrician tended to take away this importance and to treat the whole thing like a surgical operation, such as taking out the gall bladder. She was afraid that her own anger might reach infinite proportions. It reassured her to know that when skiing she could not possibly exceed a certain speed and that there is also a definite limit to the intensity of pain. She spoke of wanting to have spinal anesthesia so she could stay awake. She was afraid of a recurrent dream under anesthesia but did not remember what it was, except that there was a repetition of voices. (She remembered the content of this dream toward the end of her pregnancy, as reported below.)

With the advance of the third trimester she no longer complained of backache but at times became tearful and frightened. It seemed to her that it would be frightening to be conscious and to know what was happening but even more frightening not to know. The time was now so close. She felt that she was becoming involved in something she could not stop and that she would become ragingly angry. She now for the first time remembered the content of her recurrent dream under anesthesia, explaining that in the dream 'someone is beating someone' (4). She added that the person doing the beating experienced intense

pain. No effort was involved, however, in carrying out the beating. Although she thought of the person doing the beating as a man, she could sense the lack of effort in her right arm which seemed to go rhythmically up and down. Some phrase was repeatedly uttered and this was terrifying,—not the content of what was said but the effect of its repetition. She now remarked with an air of startled discovery and relief that the two occasions when she had had this dream were not when she was having her babies but when she had been given anesthesia by the obstetrician during the course of her labor so that he could carry out a rectal examination. The emergence into consciousness of her dream under anesthesia, with its sado-masochistic and bisexual implications, seems to have made it possible for her to begin to establish a more reliable differentiation between genital and anal impulses so that giving birth to the baby became less frightening.

The content of her dream under anesthesia and the associations to a dream the following night about having the baby clearly indicated that she related masochistic gratification to masturbation. But she felt deeply anxious lest her sado-masochistic impulses burst through her capacity for control, bringing the punishment of genital damage and also the possibility of unlimited pain and total helplessness.

Three weeks before the expected date of confinement, she remarked that the baby somehow seemed like an antagonist and it would get fatter and fatter, even if she herself ate nothing. She spoke of having patiently helped her younger son to be big and strong, although she sometimes felt ready to explode and thought that he seemed to have grown stronger at her own expense. She also explained that she wanted to avoid imagining herself as the baby because this seemed like a dangerous idea implying that in giving birth she would be losing part of herself. A week before the baby was born she reported contractions every six or seven minutes for about two hours, during which she felt as though she were being born herself. The world seemed very close around her but not in a constricting way. She

had a feeling that she was tremendously large but it could also have been that the world was quite small. She wanted to know just when the baby was really coming and how long it would take. She really felt frightened but if she knew the exact time it would be like being able to predict an eclipse. Several days later the obstetrician told her that the baby would be born in three days. She felt relieved to know that there was a time limit and spoke of needing to be constantly reminded that the process was going according to schedule so that she knew just what was happening.

The next day she was admitted to the hospital and in forty-eight hours gave birth to a girl who was named after herself, her mother, and her maternal grandmother. Her husband reported that she was at no time unconscious and had only two injections of Demerol and some Seconal during the day. Toward the very end of the delivery she remarked that she guessed she would have to have some gas, but she was encouraged to hold out, which she did. She was extremely happy and excited when the baby was born. During the course of labor the nurses offered to press down on her abdomen but she refused to have them do this, saying, 'No, this is mine'.

Six weeks later the patient gave a detailed account of the delivery. She reported that the pain had actually been very severe but she had not become emotionally upset by it. All through the procedure she had the reassuring feeling that she knew more about what was happening than anyone around her. After the delivery she was moved to the recovery room and very much enjoyed the fact that she was fully conscious, although the nurses had not expected this and kept asking her such questions as whether or not she could see the clock. She remarked that since the birth of the baby she had felt better than at any previous time in her life. The next day she described her little girl, remarking, 'She is exactly a little replica of me and she is awfully cute'.

During the following weeks her sense of triumph in the manner in which she had managed her delivery gave way to an in-

creasing awareness of the unresolved conflicts within her. She was still as anxious as ever about her hostile feelings, especially those directed toward her husband and her sons, and could not yet reconcile her urge for fame and importance with her wish to function without anxiety as a wife and mother. She still had cramps with her periods and felt jealous of her husband's increasing vocational success. She also continued to feel very much left out by her parents and was painfully aware of their interest in her sisters and particularly her brother.

Analysis was therefore continued for two more years. Her menstrual cramps gradually disappeared and were replaced by rather intense anxiety which in turn faded out. She gradually became much less inhibited athletically and socially but also seemed able to derive more enjoyment from the companionship of her children. At times she directed her anger at the analyst, but treated him less as an outsider, and there was a gradual increase in her capacity for warmth and friendliness, a change which particularly impressed the internist who had originally referred her for psychiatric treatment.

In contrast to her feeling of helplessness during the previous pregnancies, her attitude during this one had been characterized by an active urge to master her anxieties by vigilance and intellectual control quite similar to the control to which she had been subjected by her mother as a child. In the course of her struggle during analysis to counteract the introversive tendencies which had nearly overwhelmed her during her second and third pregnancies, this patient narcissistically overemphasized her active mastery and her self-sufficiency. Further analysis during the two years after the birth of her baby enabled her to gain an emotional balance which permitted her to establish improved object relationships and to feel more comfortable as a wife and mother. In fact, it seems likely that for this patient, and for many other women as well, maternal love springs, as Helene Deutsch has suggested, from the narcissism of pregnancy which 'erases the boundaries between the I and the You' (1, p. 153).

The patient's second and third pregnancies resulted in epi-

sodes of panic because the biological process of conception and gestation constituted a kind of somatic compliance. The implications of such compliance were highly threatening for this woman whose dreams when she was not pregnant were so filled with images of incorporation into the womb. Aggressive impulses of oral-phallic intrusion (expressed, for example, by a dream in which she identified herself with a dog who scratched deep grooves under the doorknob of a house containing children) intensified her fears resulting from the more passive aspects of these wishes. The operative interruption of her first pregnancy confirmed her lifelong fears of masochistic bodily invasion. Her narcissistic preoccupation with her body image heightened the significance to her of the somatic alterations during pregnancy and resulted in her perception of delivery as a mutilating separation.

The birth of her brother when she was five and the awareness of her father's infidelity when she was fifteen seem to have been the two most traumatic events in her emotional development. Both intensified her masochistic feminine identification. Her appendectomy and her pneumonia at sixteen enhanced her sense of bodily damage.

A history of eczema and asthma in her family indicate some constitutional basis for her somatic compliance. Her father's ability to shut himself off from his wife and family so completely by absorption in his painting seems to indicate a constitutional tendency to dwell in the world of the imagination as a denial of reality. Similarly the tendency noticed by Freud for Dora's father to stray from the truth may indicate an analogous background for Dora's hysterical amnesia. These trends, along with the encouragement both of these fathers gave to the oedipal fantasies of their daughters, make it unnecessary to consider the effect of acquired defects of the central nervous system with which Freud was still concerned when he wrote his *Analysis of a Case of Hysteria* fifty years ago (3).

Although Freud worked with Dora for three months rather than four years, he was well aware of the oral implications of

her nervous cough and clearly recognized the importance of the girl's relationship to an older woman. Describing Dora's mother as a compulsive obsessive character, he, like Dora herself, seems to have perceived the mother as foolishly involved in menial tasks of the household and he did not give so much attention to the effect on Dora of the early relation of mother and child. The implications of this period of life have been elucidated in detail since the time when Freud wrote his earliest papers. The mother of the patient reported here was also an obsessive character whose inability to give the security of warm maternal affection left the patient in the hands of maids and governesses and to whatever solace she could derive from preoccupation with her own dreams and fantasies.

Psychotherapy in the setting of a protective (but not regressively maternal) transference enabled her to advance from helpless victimization by her fantasies to active intellectual control for the duration of the emergency. Four years of psychoanalysis were necessary before she could achieve enough genuine self-esteem to become less anxious concerning her sado-masochistic impulses and relatively independent of her narcissistic defenses.

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THE IMPOSTOR

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An impostor is not only a liar, but a very special type of liar who *imposes* on others fabrications of his attainments, position, or worldly possessions. This he may do through misrepresentations of his official (statistical) identity, by presenting himself with a fictitious name, history, and other items of personal identity, either borrowed from some other actual person or fabricated according to some imaginative conception of himself. There are similar falsifications of that part of his identity belonging to his accomplishments, a plagiarizing on a grand scale, or making claims which are grossly implausible. Imposture appears to contain the hope of getting something material, or some other worldly advantage. While the reverse certainly exists among the distinguished, wealthy, and competent persons who lose themselves in cloaks of obscurity and assumed mediocrity, these come less frequently into sharp focus in the public eye. One suspects, however, that some 'hysterical' amnesias and dual or multiple personalities are conditions related to imposturous characters. The contrast between the original and the assumed identities may sometimes be not so great in the matter of worldly position, and consequently does not lend itself so readily to the superficial explanation that it has been achieved for direct and material gain. The investigation of even a few instances of imposture—if one has not become emotionally involved in the deception—is sufficient to show how crude though clever many impostors are, how very faulty any scheming is, and how often, in fact, the element of shrewdness is lacking. Rather a quality of showmanship is involved, with its reliance all on the response of an audience to illusions.¹

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¹ The Second Earl of Rochester, known as Rake Rochester, intimate friend, and one of the Court of Charles II of England, showed both the repeated im-

In some of the most celebrated instances of imposture, it indeed appears that the fraud was successful only because many others as well as the perpetrator had a hunger to believe in the fraud, and that any success of such fraudulence depended in fact on strong social as well as individual factors and a special receptivity to the trickery. To this extent those on whom the fraudulence is imposed are not only victims but unconscious conspirators. Its success too is partly a matter of timing. Such combinations of imposturous talent and a peculiar susceptibility of the times to believe in the swindler, who presents the deceptive means of salvation, may account for the great impostures of history. There are, however, instances of the repeated perpetration of frauds under circumstances which give evidence of a precise content that may seem independent of social factors.

Well-defined cases of imposture are quite rare in analytic practice. The analyst, however, quite frequently gets glimpses of such traits, only partly realized or appearing brightly in an incident or two, without emerging into overt fraudulence in the lives of a number of patients. Clinical investigation of such occult imposturous tendencies, embedded in the character of individuals, some of whom are productive and talented, and supplemented by the study of some notorious impostors of history, is the basis of this study.

The life stories of the following impostors will be referred to throughout this paper:

Titus Oates (1649-1705) was probably the main impostor at the core of the fictitious 'Popish Plot' in the reign of Charles II of England. His lifelong imposturous tendencies were used by postures of men of lowly background and the consistent showmanship. Clever, versatile writer, known mostly for his obscene verse, prankster and supreme rake in a court of rakes, he would from time to time disappear from his usual haunts and set himself up under an assumed name in some lowly and obscure part of London, doing some menial work, but always with a theatrical flourish. At one time he posed as an itinerant tinsmith, going from door to door collecting battered kitchen utensils for repair; also he established himself as a fakir and healer by occult powers. These impostures were episodes in a scattered, dissolute, and sexually polymorphous perverse life (1, 2).

craftier political schemers and caused the death or disrupted the lives of countless people, simply on the basis that they were, or were supposed to be, Catholics (3, 4, 5, 6, 7, 8). He was one who, in the language of Pope, was damned to universal fame (9).

George Psalmanazar (1679?-1763) never revealed his true identity. He was probably a Frenchman, presented himself in London as a Japanese converted to Christianity, invented a fictitious history and a geography of Formosa for which he also invented an alphabet and a language. He became depressed and partly reformed after a serious illness. He became a Hebrew scholar, and in his old age a crony of Samuel Johnson. He was among those responsible for the founding of the Universal History to which he contributed (10, 11).

James Macpherson (1736-1796) was a very slight poet in his own right who presented, as a translation, the works of Ossian, poetry which received much acclaim, was imitated by Goethe, Byron, and others, and is credited with influencing the Romantic Movement in literature. His poetry was the subject of intense and repeated literary controversy over a period of more than a century. He was ultimately discredited and regarded essentially as an impostor (12, 13, 14, 15, 16, 17).

Thomas Chatterton² (1752-1780) was a really talented poet who perpetrated a literary hoax while still in his teens and poisoned himself before he was eighteen (18, 19, 20, 21).

There are other less well-known impostors such as Bedloe (22) and Fuller³ (23, 24), who coöperated with Oates, and Bower who was a contemporary and acquaintance of Psalmanazar.

² Chatterton was the most renowned of this group. His genius is commemorated by Shelley in *Adonis*, by Wordsworth in *Resolution and Independence*, by Coleridge in a *Monody on the Death of Chatterton*, by Keats who inscribed *Endymion* to his memory, and by D. G. Rossetti in *Five English Poets*.

³ In support of Oates's attack on James Stuart, Fuller wrote a fictitious account: *A Brief Discovery of the True Mother of the Pretended Prince of Wales Known by the Name of Mary Grey. To which is added, A Further Discovery of the Late Conspiracy Against His Majesty's Sacred Person, and Government. As/ and before the King and Deposed to a Committee of Parliament, by William Fuller, Gent. Sometime Page of Honour to the late Queen of France.* London: Printed for the author, A.D. 1696. Dedicated to the Duke of Gloucester.

The Tichborne Case (1865) was a direct misrepresentation of identity in a suit to claim an inheritance (25, 26). This instance has the distinction of extreme notoriety and vulgarity.

Three basic constellations of disturbing symptoms in clinically well-developed cases of imposture are at once impressive: first, the dominant and dynamically active family romance; second, the intense and circumscribed disturbance of the sense of identity, a kind of infarction in the sense of reality; third, a malformation of the superego involving both conscience and ideals. It is certainly not the presence of and only to a small extent any special variation in the content of the family romance which is significant. Based as it is on the œdipus complex, this fantasy is probably one of the most frequently expressed themes of children's fairy tales.

It is the endurance past puberty, the intensity, and the compulsive pressure to live out the family romance which are characteristic of impostors. This fantasy usually reigns only during the latency period. It is then expressed in the predilection for such stories, in acting it out in play and make-believe; it is the motive for some escapades of running away, and it is clearly evident in the intensely infatuated contemporary interest of some youngsters in, for example, Princess Anne and Prince Charles. One way or another, it contributes much to the content of defensive fantasies of this developmental period. It seems closely related in time and origin to the period of superego development which is ordinarily taken up mostly by beginning social identifications and formations of ambitions and ideals, reaching far beyond the limits of family relationships. A very strong libidinal investment in the family romance might be a substitute in large part for these influences, associated with a considerable failure or delay in the development of the more impersonal ego ideals due to a persistence of œdipal problems. More than this, it is a memory of the earliest awarenesses of the parental relationship from the dawn of even the slightest sensing of the self as a separate being. It is the extraordinary and

continued pressure in the impostor to live out his fantasy that demands explanation, a living out which has the force of a delusion, (and in the psychotic may actually appear in that form), but it is ordinarily associated with 'formal' awareness that the claims are false.

The sense of reality is characterized by a peculiarly sharp, quick perceptiveness, extraordinarily immediate keenness and responsiveness, especially in the area of the imposture. The over-all utility of the sense of reality is, however, impaired. What is striking in many impostors is that, although they are quick to pick up details and nuances in the lives and activities of those whom they simulate and can sometimes utilize these with great adroitness, they are frequently so utterly obtuse to many ordinary considerations of fact that they give the impression of mere brazenness or stupidity in many aspects of their life peripheral to their impostures.

A patient whom I saw years ago had repetitively impersonated a doctor, received and carried out appointments on hospital staffs with only the medical training he had had in serving as a hospital orderly during World War I. He had, however, apparently observed with extraordinary accuracy many of the surgical techniques and procedures which he was able to reproduce in so creditable a fashion that he was well accepted by able colleagues with whom he worked. Nonetheless, he failed in the simple precautions against detection that any shrewd schemer or good conspirator would certainly have taken. During the periods of active imposture he was calm, placid, and happy. It may be said, and probably rightly, that this defect was due to his inner conflict and his wish to betray himself, but it was deeply repressed and he showed no anxiety about detection. I would emphasize, however, that the failure to protect adequately against detection is not only due to unconscious guilt, but even more fundamentally to the peculiar disturbance of the sense of identity. The impostor has, then, a specially sharpened sensitivity within the area of his fraud, an identity toward the assumption of which he has a powerful unconscious pressure,

beside which his conscious wish, although recognizable, is relatively slight. The unconscious drive heightens his perceptions in a focused area and permits him to ignore or deny other elements of reality which would ordinarily be considered matters of common sense. It is this discrepancy in abilities which makes some impostors such puzzling individuals. Skill and persuasiveness are combined with utter foolishness and stupidity.

In well-structured impostures this may be described as a struggle between two dominant identities in the individual: the temporarily focused and strongly assertive imposturous one, and the frequently amazingly crude and poorly knit one from which the impostor has emerged. In some instances, however, it is also probable that the imposture cannot be sustained unless there is emotional support from someone who especially believes in and nourishes it. The need for self-betrayal may then be one part of a tendency to revert to a less demanding, more easily sustainable personality, particularly if support is withdrawn.⁴

The impostor seems to flourish on the success of his exhibitionism. Enjoyment of the limelight and an inner triumph of 'putting something over' seem inherent, and bespeak the closeness of imposture to voyeurism. Both aspects are represented: pleasure in watching while the voyeur himself is invisible; exultation in being admired and observed as a spectacle. It seems as if the impostor becomes temporarily convinced of the rightness of his assumed character in proportion to the amount of attention he is able to gain from it.

In the lives of impostors there are circumscribed areas of re-

⁴ On one occasion when I had the experience of working for a year with a colleague who made exaggerated claims concerning the nature and efficacy of his treatment, I became aware of what a burden it was to him to maintain them. He was not a fully developed, 'smooth' impostor. Although he was then driven forward by a brief period of fame, he could hardly have got himself into this fix nor have continued in it, except for the ambitions of his wife, supplemented by the opportunistic exploitation of some of his staff. Following the collapse of his claims, he went through a period of confusion and amnesia in which he could not remember his name nor where he lived.

action which approach the delusional. These are clung to when the other elements of the imposture have been relinquished. Although Macpherson, the fraudulent 'translator' of the Ossianic poems, did not continue and multiply his deceptions so openly, to the end of his life he maintained that he would continue to work on 'the originals' of which he had almost none, and more grotesquely, he developed the idea that he could work by substituting Greek for Gaelic characters. This was nevertheless a worldly man and an experienced politician.

Oates took to imposture like to a drug, changing readily from one variety to another; yet the imposition which he defended most vehemently and undeviatingly was that he had received a D.D. degree from the University at Salamanca, from which he had never received a degree and to which he had never been. He reacted with rage whenever he was ridiculed on this score.

This need to have the imposture sustained by successful exhibitionism is glaringly apparent in the Tichborne Case in England, perhaps the most notorious imposture in modern history. About the middle of the nineteenth century a roving Englishman, temporarily a butcher in a place with the improbable name of Wagga Wagga, Australia, was brought to England claiming to be heir to the enormous fortune of the Tichborne and Doughty families. The heir, Sir Roger Tichborne, had presumably been lost in a shipwreck traveling from Rio de Janeiro to Mexico. It was asserted later that a few of the passengers had been picked up and taken to Australia. The claimant emerged some eleven years later at a time when the dead man's mother, herself an impostor of a kind, was denying his death and putting out searchers for him in the form of advertisements in the London papers. It appears that his case would almost surely have collapsed quickly, in spite of the love of the populace for a lost nobleman, had it not been for the determined and pathologically gullible acceptance of him by Sir Roger's mother (herself a resentful natural child) who had treated her son so badly that she had almost of necessity to deny his untimely death. It seems that in its early stages, this extraordinarily complicated hoax

was certainly a coöperative, symbiotically determined affair between the aging Lady Tichborne and the illiterate butcher from the Australian bush country. The case did not however collapse with her death. The structure of the pretense had seemingly acquired a kind of autonomy, having taken hold of the popular imagination, which gained it further support. Lady Tichborne may have abetted the publicity, partly as bitter retaliation toward her proper English relatives, a retaliation which in other forms had been a sustaining influence in her life for years. The claimant proceeded to make public demonstrations, lectures, and rallies, exceeding the noisiest and brashest political campaigns, in asserting his rights as the lost Sir Roger. In a sense, it was rather like an election campaign, the public being called upon to take sides.

It was most striking, however, that after serving ten years of a fourteen-year prison sentence for perjury, during which he became more sober, reasonable, and in better health than at any time in his meteoric and pretentious career, when his release was granted—on condition that he should not encourage any public demonstrations—he had been out of prison only a few hours when he signed a contract to give short addresses on his case in any hall or place which his backers (the proprietors of a traveling circus) might select. It had been but a short time earlier, while still in prison, that he had written, possibly with insight arising from the enforced deprivation of his exhibitionistic activity: 'I know I am an enigma to many—and this principally caused by the horror I have to two things: egotism and flattery. My motto has always been that if you show me an egotist, I will show you a worthless scamp. Show me a sycophant and I will show you a worthless scoundrel' (25, p. 420).

It is obvious that anyone who perpetrates such a fabric of fraudulence has some fundamental pathological development of the superego. Certainly some elements in this may vary according to the nature of the total structure of the character from which the imposturous drives arise. The significant nuclear disturbance, however, appears to consist in the weakness of any

strongly established principles of behavior involving consistency of reality testing. Once an imposturous goal has been glimpsed, the individual seems to behave without need for consistency, but to strive rather for the supremacy of the gains from what can be acted out with sufficient immediate gratification to convince others. For the typical impostor, an audience is absolutely essential. It is from the confirming reaction of his audience that the impostor gets a 'realistic' sense of self, a value greater than anything he can otherwise achieve. It is the demand for an audience in which the (false) self is reflected that causes impostures often to become of social significance. Both reality and identity seem to the impostor to be strengthened rather than diminished by the success of the fraudulence of his claims.

This gives us some understanding of the fragile but artistically driven young Chatterton, fatherless, impoverished, and considered a freak who wrote but poorly under his own name, but by impersonating a fictitious sixteenth century bard, who was part of the court of a munificent city father, won interest and recognition which enabled him to develop his talent. There was a hint of something similar about Jonathan Swift who was also a posthumous child.

As one studies a series of impostors, their compulsive pressures become clearer. It is an urgency to perpetuate fraudulence rather than an exaggerated sense of righteousness as is true of most neurotic compulsiveness. It is necessary to be schematic in presenting the essential pathology of this seemingly paradoxical situation. Examination of the developmental history of the impostor reveals that the child had characteristically from the beginning a definite type of disturbance of evolution of object relationship. From birth, the mother has regarded the infant with extreme possessive and ambivalent concern and constant watchfulness. Whether this appeared as marked anxiety and guilt, or as great pride, seems less important than the fact that the attachment was extreme. In those cases in which an early history was obtainable, the parents were at odds, the mother frequently despising, reproaching, or attacking the father who

either remained detached from the child or removed himself by death or desertion.

In one of my own cases a not very reliable father deserted when the child was about three, after a period of open conflict and violence. During his absence the mother spoke often but disparagingly of the father to the child. In two other cases, the mother blatantly 'showed off' and admired the child while derogating the father, who was in each instance ineffectual and disappointing in his achievements. In one of these the father was absent during the child's second and part of the third year, his place being taken by an uncle. In a fourth case, the rigidly conscientious mother showed a constant nagging anxiety toward the child and a naggingly critical attitude toward the father who was unreliable and dishonest and who, while taking some interest in the child, taught it to conceal much from the mother in order to avoid reproach and worry from her.

Chatterton's father died before he was born. Oates's mother was a pious midwife, married to a psychopathic scoundrel who was a clergyman. The child was deformed, appeared stupid, ugly, and had convulsions until he was five. The parents separated when he was six. The intensity of the disturbance between them is indicated by the mother's account years later that during pregnancy she dreamed repeatedly that she had conceived with the Devil. She considered the birth itself as the worst she had ever known and wondered that it did not kill her. The child was so ugly the father did not want to look at it. Psalmanazar's childhood is described in his own memoirs, unreliable as they may be, in which he depicts an anxious, devoted, ambitious mother, separated from an unsuccessful but pretentious father when the boy was six. Fuller was possibly an illegitimate child, and the presumptive father died when he was six months old. The mother remarried, but the boy had a bad relationship with his stepfather. Bedloe was a child of extraordinary precocity, wit, and beauty. His father died when he was very young. He too did not get on with a stepfather. About the Tichborne Claimant, it is of interest that, while comparatively little is stated regard-

ing his real parents, except that he was the youngest child, he is stated to have been genitally deformed (pseudohermaphroditic), son of a father who was a violent Wapping butcher, and of a mother who was said to be decent but not otherwise described. The parents of Roger Tichborne, who he claimed to be, fit accurately into the pattern for parents of an impostor, and Roger Tichborne's brother was an unreliable psychopath.

The intense maternal attachment to which the future impostor is subject, as if he were a part of the mother, undermines his sense of a separate self and the development of his own identity. By placing the child in a position of definite superiority to the father—either through the mother's attitude alone, or by fate through the death or desertion of the father—there is set a potentially serious imbalance of the œdipal relationship, the child being able to assume an uncontested supersedence over its father. This inevitable intensification of infantile narcissism favors a reliance on omnipotent fantasy in other aspects of self-evaluation to the exclusion of reality testing.

Such a child comes into the œdipal period in an already greatly impaired state. The conditions of the family relationships being chronic do not change (except sometimes for the worse, through parental death or desertion), and the early assumption of having vanquished the father remains. The frustration due largely to the inability to live out the œdipal sexual urges, and the aggravated fear of the father based on hostility unrelieved by any possibility of positive identification with him, make the conflict both sharp and insoluble. I have elsewhere (27) indicated that if, under these conditions, the child has been exposed to the sight of the genitals of an adult male, it may produce in fantasy an illusory enlargement of its own phallus which becomes indeed a kind of local imposture involving the organ and contributes to the already forming tendency to general imposture.⁵ In the struggle to maintain supremacy there is then reinvoked the attitude of a quasimagic power

⁵ It is true that the subjective sense of the genitals is important in the establishment of the sense of identity (36).

which is inherent mostly during the second and third years of life. There is a great interest in gesture and imitation which gives to the young child a convincing 'as if' behavior, and makes great appeal in charming cuteness to the adult.

This period may be one of special cathexis for the potential impostor, since it contains the exhilaration of seeming independence with the great pleasure in and capacity to win admiration for the recently developed skills of walking and talking, but without real responsibility. Indeed, the behavior of the impostor utilizes exactly these characteristics with a very great dependence on *Gestalt* gestures which are acted out with plausible and sometimes astounding mimicry. It is also conspicuous that impostors utilize words in a similar way, with punning variations and substitutions, especially in names through which nuances of change in identity may be implied.⁶

The impostor seems to be repeatedly seeking confirmation of his assumed identity to overcome his sense of helplessness or incompleteness. It is my impression that this is the secret of his appeal to others, and that often especially conscientious people are 'taken in' and other impostors as well attracted because of the longing to return to that happy state of omnipotence which adults have had to relinquish.⁷

The study of the lives of these versatile gentlemen has led to the conclusion that sustained imposture serves two important functions in the life of the pretenders. It is the living out of an

⁶ Titus Oates made an anagrammatic version of his own name, as Testis Ovat. George Psalmanazar adopted his name first from the Biblical character of Shalmanezar, later changing it to Psalmanazar. In his later years, during his reformed period, he claimed authorship of a book published seemingly by S. Palmer. Samuel Palmer, the supposed author, had died some time before. The question naturally suggests itself whether Psalmanazar was actually the author or whether the similarity in names suggested the claim to him.

⁷ It is interesting in this connection how much Samuel Johnson became involved with impostors. He was one of the most violent and constant attackers of Macpherson. On the other hand, he was first fooled by one William Lauder, who attempted by a hoax to prove that Milton was a plagiarist, then Johnson detected the trick and condemned Lauder (28). But Johnson became a great friend of Psalmanazar, whom he professed to admire greatly, and was also acquainted with A. Bower, another impostor.

œdipal conflict through revival of the earliest definite image of the father. In so far as *the imposture* is accomplished, *it is the killing of the father through the complete displacement of him. It further serves to give a temporary feeling of completion of identity* (sense of self) that can be more nearly achieved in this way than in the ordinary life of an individual so impaired from having been psychologically incorporated by his mother. As part of this imposturous impersonation there is a seemingly paradoxical heightening of his feeling of integrity and reality. This is certainly re-enforced and sustained by the sense of being believed in by others and, with the intoxication of being in the limelight (which reproduces the infantile situation with the general public taking the place of the mother), furnishes a most powerful incentive for endless repetition of this special type of gratification.

It is indeed striking in the cases of the great impostors of history how much the fraud is clearly directed at the father, though sometimes mediated through a brother, whether he be represented by the King, his surrogate the Duke, the tribal father and his accessory poet or bard, or the superior artist. In any case, there is repeated fluctuation between attack and identification. Thus Oates, after having with great difficulty edged himself into Jesuit schools, accused the Jesuits under the leadership of James Stuart, Duke of York, of plotting to kill King Charles II. Soon he was, however, implicating Charles himself in the Popish Plot. From scrutinizing his life one sees that this probably represented an interplay between him, his father, and his older brother.⁸ Both father and brother played less conspicuous but equally fluctuating roles in connection with the plot. At the end of his life Titus Oates was reduced to swindling on so ignominious a scale as trying to fleece two Baptist clerical brothers of an inheritance from an old lady parishioner. Macpherson,

⁸ Some of the older accounts of Titus Oates state that he was an only child (6). The more careful study by J. Lane (3) shows quite conclusively that Titus's father, an older brother, and less frequently a younger brother were involved in the work of informing sometimes in support and sometimes against Titus himself. None of them was so talented an impostor as Titus himself.

of Ossianic fame, dealt with a tribal father, the great mythical Gaelic, Fingal, Highland Chief, whose blind son, Ossian, was a poet. Somewhat similarly Thomas Chatterton produced the Rowley poems as though written by a monk close to the sixteenth century Mayor of Bristol, who was a great traditional figure for his endowment of the city.

There is another unconscious gain sought through the work of the impostor over and above regaining his 'rightful position' in life, (which we have indicated means the overthrowing of his father and realizing his own 'little kingship' from the past), and this has to do with impersonation for material advantage. The unconscious motivation is to rob the overthrown father of his penis which, it is imagined, furnishes a better equipment than the inferior infantile one which the impostor feels himself to have. This fantasy has become clear to me from the analysis of patients with occult imposturous symptoms, and has been reported elsewhere (36). While this cannot be clearly demonstrated from the life stories of the notorious impostors of history, it is in accordance with certain noted findings. As mentioned, Titus Oates, late in his life, tried to get from a fellow churchman against whom he had a grudge an inheritance which had been left by an elderly widow. James Macpherson, who was not wholly an impostor, succeeded in capitalizing on his talents by becoming an early version of a public relations man combined with ghost writing for the government. With this advantage he managed his affairs so well that he was offered (and 'righteously' refused) the confiscated estate of Ewen Macpherson, head of the clan who had much earlier turned in rebellion against the British government. James, who in boyhood was in the position of a poor relation, subsequently bought and developed a much grander property in his native county of Inverness and lived the life of a country gentleman until he died in 1796.

Oates had one leg shorter than the other and was notable for this extraordinary physical ugliness. Macpherson, in general good looking, was inordinately touchy about the thickness of

his legs. The Tichborne Claimant had a genital malformation which had made him doubt whether he could have children, although he succeeded in proving himself amply in this respect. All these three had bodily defects toward which they reacted with extreme sensitivity, indicating probably an excess of castration anxiety, and narcissism.

While the emphasis of this study has been on the defective development of the ego in these cases, some attention is due the sexual functioning. All of the cases I have analyzed were men who had considerable impairment of sexual potency. Two had severe potency problems, but all were inhibited in full enjoyment of sexual activity. It was quite apparent that genital sexuality, though seemingly functioning adequately, was more a narcissistic gratification or an attack than a truly libidinal satisfaction. It might be said that the genital function was in the service of proving the capacity of an illusory penis. Of the four patients, three had suffered from a 'small penis complex', while the fourth showed this in reverse with the idea that his penis was oversized and thus a betrayal of his excessive masturbation. Passive homosexual trends were marked, as would be expected.

Among the historical impostors, Titus Oates was a known homosexual with a predilection for sodomy, an accusation which he was also wont to make against young men who stood in his way. He apparently did not marry until forty-four, when he selected a girl of twenty-three, who had a reasonably good fortune which he soon squandered. He ultimately produced one daughter after a period in which he publicized the number of his wife's miscarriages, using this as the basis for soliciting support from public funds. He died at fifty-six.

James Macpherson never married. He abandoned his aspiration to be a poet, leaving Scotland where he was held in high esteem, preferring to live in London despite suffering there many scornful attacks on his literary ability and integrity. He prospered cannily in political and business pursuits. He always preferred English women to Scottish. On his death he provided

handsomely for five illegitimate children ('by several mothers') by whom he was so much esteemed that even the entirely legitimate descendants of his daughter took the name of Macpherson. Agile man that he was, he succeeded in getting himself considered for poet laureate, and when he died, he was buried in the Poets' Corner of Westminster Abbey beside Ben Jonson. He was the only one among them all who was successful in playing off both ends against the middle. William Bedloe, an associate of Titus Oates and a confirmed impostor, was a transvestite. He married around thirty, a short time before his death. George Psalmanazar was addicted to laudanum for many years. According to his memoirs (10), he so much enjoyed his reputation for taking it in enormous doses that he concealed the fact when he succeeded in reducing the amount. Although he lived to be past eighty, there is no record that he married. One suspects from the general tenor of his life that he may have had polymorphous perverse tendencies, but specific knowledge is lacking. The Tichborne Claimant certainly led a varied sexual life. Alcoholic, gluttonous, explosively violent, suffering from tics and possibly from convulsions in infancy, his life was characterized by lack of restraint. He married at thirty-one, had several children, later separated from his wife and kept only intermittent contact with his children. By and large, the impression is of a polymorphous perverse sexual organization with almost no object relationship in any of these men.

It will be noted that the cases here mentioned are all males. It is possible that cases of well-developed imposture are more frequent among men than among women, due essentially to its relation to phallic strivings and to the difference of the maternal influence on the male and on the female oedipal problems. It is probable also that social conditions may somewhat favor the maturation of impostural attitudes in males more than in females. Conditions related to imposture that occur more frequently among women are malingering, the 'as if' characters in which there is a diffuse rather than a focused activity of imposture, and especially kidnappings in which the kidnapped infant

is passed off as their own. One can see a relationship to these characteristics which cause a woman to go from one man to another assuming successfully the interests and coloring of each man as though they were her own, the type portrayed in Chekhov's, *The Darling*.

One great feminine impostor, more ancient than any other mentioned, is Joan or Joanna of the ninth century. After being elevated to the papacy, and reigning as Pontiff for more than two years, she gave birth prematurely while riding in a papal procession. She died, as have so many impostors since and probably before, as a result of her compulsion to betray herself. Whether she was a true impostor or whether this is an imposturous story of an impostor, each reader of the evidence must decide for himself. The story has been handed down through the ages, but the version I have read was presented in 1896 by a Greek writer of skill and delicacy, Emanuel Royidis, and was charmingly translated by Lawrence Durrell (32) in 1954. Mr. Royidis was excommunicated. Mr. Durrell has been living on the Island of Cyprus and has recently published two books. It is remarkable that while the story is generally discredited, still, as Royidis points out, Pope Joan is included in the Canon of Popes by so faithful and serious a historian as Platina himself, a secretary to a Pope and a librarian to the Vatican.

It is fascinating to see that the story of Joan follows inversely the outline of the male impostors. Joan was the child of Judith, a fallen goosgirl, who fell finally into the arms of a monk, who was in consequence after some time defrocked. On the travels together of Judith and the former monk, he was attacked and emasculated beyond repair while Judith was impregnated and bore Joan as the result of a woodland encounter with two archers. Judith died when Joan was young (Royidis says eight years old) and the child was so precocious that she preached her mother's funeral service. Her pseudo father, the former monk, then made such use of her talent that it supported them both, for he taught her to perform like a dancing bear and to answer encyclopedic questions, after which the hat was passed with great profit. In

this way then Joan was launched in her extraordinary career, to become ultimately the Holy Father.

The psychoanalytic literature in regard to imposture is scant. While the field of delinquency was opened to psychoanalytic investigation by Aichhorn's striking contribution, *Wayward Youth* (1925), Abraham in the same year gave the first clinical case report of an impostor looked at through psychoanalytically trained eyes. His article (33) together with those of Helene Deutsch in her study of the 'as if' character (1934) (34) and the impostor (1955) (35) furnish the basis for any further work on the subject. Dr. Deutsch alone has had the advantage of a long period of observation and psychoanalytic treatment of an impostor, a treatment which evidently had to become largely a supportive psychotherapy. She emphasizes that there are different types of impostors and different degrees of imposture. The chief case of her presentation is a young man—adolescent when she first saw him—in whom there was some improvement as he adapted better to reality under treatment, but from the patient's angle this was paradoxical in that he now had more anxiety and, what was more, now *felt* like an impostor. His anxiety broke through during participation in a war from which he could not feign his way out. The treatment may have furnished some support to his weak ego, and he gradually came to conform more to standards of reality. It still could not furnish him with as much semblance of strength and verve and of being someone as he could get from time to time in his earlier impostures.

It may be that vision and the reflection of oneself from and by others play a crucial part in early problems of identity (36), as well as the fact that the sado-masochistic excitement of imposturous states gives a heightening of sensation and perceptiveness with strong narcissistic libidinal investment, and that the sense of reality in these deformed characters depends more on this than on the depth of object relationships. The further question would be how much can this be changed by treatment. Annie Reich recently reported a case, much more resembling an 'as if'

character than an impostor, in which she got a good therapeutic result through a forceful concentration of interpretation in the transference with a subsequent shift in values to more workable ones (37). My own experience would lead me to ask how much was there developed a real incorporation of these values through the transference to form a different structure of ego ideals and the way of utilizing them, and how much might there be developed what one could call a therapeutic compulsion neurosis, with the patient always carrying the voice of the analyst with her, and the obligation to think 'what would she say (or do) under these circumstances?'. It is not only the standards and values which need to be changed in such cases, but the ability itself to convert a narcissistic identification into a critically selective and internally structured set of ego ideals, which is ordinarily only accomplished through resolution of the oedipal problems at the beginning and later at the end of the latency period.

Dr. Helene Deutsch emphasized that her patient was 'overfed' with tender solicitude by his really very warm mother and that this diminished the development of early active ego strivings in him, everything being so well supplied that there was little need for him to make efforts in his own behalf. It would seem to me that this must have been heightened by the stated fact that during the first three or four years 'the father did not concern himself with the boy', but that he did with the much older brothers. In this setting, the boy would, of course, identify himself with the somewhat devalued mother, and the closeness of the relationship between them would have further absorbed the child's envy of the brothers, which was then forcibly turned in the reverse direction, the father actively enticing the boy into an alliance and narcissistic identification with himself in a powerful, spiteful, and vindictive attitude toward these same brothers—all this to be followed when he was seven by the collapse of this grandiose paternal figure into a weak and foul-smelling man who died when the boy was twelve. It would appear to me that while the schema of the early relationship of the boy to the

parents is not what I have described in my cases, the forces in it are similar. The boy's subsequent defiant, persistent imposturing was a repeated attempt to reclaim the role which he had glimpsed early among the father and the brothers—which he later briefly experienced in his triumphant alliance with the father when the father used him as his agent. One suspects that this attitude of the father toward his children must have been extremely intense since the two older brothers established their independence from him at such an extraordinarily high price.

One item in this case is of special interest: the anal problems of this patient. The 'hot air' talk and the reaction to the foul sputum of the father are mentioned by Dr. Deutsch. In my experience, patients in this group, who have strong anal identifications with others, have an increase in their problems of identity and illusion because the stool substitutes so readily for the phallus, and for a devaluated image of the self, and flatus contributes to the sense of the sublime power of an illusory counterpart. Dr. Deutsch's earlier paper on the 'as if' character seems to me to give invaluable help in understanding that type of encroachment on the spontaneous development in which the need to please substitutes both for deeper libidinal gratification and for ego development involving genuine reality testing, since this is always routed through the other person and is achieved through narcissistic identification rather than through a direct approach to reality.

Abraham's article on this subject gives the picture of a classically compulsive, repetitive impostor, whom he saw first in 1918, when it was necessary to examine him because of many delinquencies. This man repeatedly impersonated officers and obtained money under false pretenses. He was convicted but was soon released in a general amnesty at the close of the war. Abraham saw nothing of him until 1923, when at the request of the civil court he was asked to re-examine the patient and make a report. He then found to his surprise that in 1919, a few months after his sentence, the patient had improved suddenly and markedly and subsequently had lived a responsible active life, well re-

spected in his profession. This reform occurred when, in his usual trouble with the police, he had attracted the interest of an older woman with half-grown children of her own. She responded to his story of destitution and of unemployment by befriending him and finding work for him as a draftsman where his definite artistic talent could be used. Later, they married and 'he rose to a place of responsibility in the business (hers and her former husband's) which incidentally insured him a good social position'. It was through her, whom he called 'little mother', that he maintained himself as a responsible person. In other words, he lived out in an acceptable form his œdipal wishes and could do so with less guilt, as this father, his wife's former husband, was dead, and she rather than he had taken the initiative in the attachment. This, at least, is the gist of Abraham's explanation. As both he and Abraham realized, this adaptation was a vulnerable one. This kind of solution is certainly an exception, but not an extreme rarity. It is the more striking, however, since the delinquent activity and the imposturous ambitions appeared as early as five years and had been fairly constant through the intervening years. What seems to me very important in the change of the direction of this patient's life, and perhaps not sufficiently emphasized by Abraham, is the role of his apparently definite talent. It appears that this was the first time that his artistic talent was recognized as something more than a plaything with which to charm others. Of his childhood it is only said that he was the youngest child in a large family of brothers and sisters of a poor minor official, but nothing is said of the attitudes and characters of the parents. The life story brings into focus the question of unusual talent and its effect on a child, especially if it is the source of derogation rather than recognition, and touches on the complex problem of the artist in accepting, assuming, and synthesizing the sometimes unusually diverse elements in his identity (38), a subject with which I would wish to work, i.e., consideration of the relation of the artist to the impostor (39).

SUMMARY

While this paper has emphasized the importance of the œdipal problems in the production of imposture, it should be stressed again that one might better refer to these as the effects of an œdipal phase than the effects of the œdipal relationships. The acting out of the impostor is largely an attempt to achieve a sense of reality and competence as a man more than to claim the mother in any deep sense. From the material of my analytic cases, it seemed indicated that the mother might be a phallic mother and that in so far as the child was closer to her than to the father and might identify with her phallus, this increased the whole quality of illusion with which the impostor paradoxically struggles for some self-realization.

It will be noted that this paper has dealt more explicitly with cases from history or from reports of others than from my own. This was unfortunately necessary since after a number of years of analytic practice and with a number of published articles, it becomes increasingly difficult to give the rich full clinical details that one would wish. This is particularly true when so delicate a subject as imposturous tendencies and impostures is involved. Patients tend to become aware of the analyst's writing and may later look for themselves in clinical publications. While it would be unfair to publish anything without the consent of the analysand, this still does not resolve the problem. To see their own life histories in print may, in any event, be too great a narcissistic injury even though permission has been given for such publication.

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for prohibitive internalization. A schizophrenic also may steal, sometimes impulsively, sometimes symbolically; or to precipitate dire punishment or total destruction; in the latter case, severe depression is likely to follow. The severity and duration of such a depression, out of proportion to the act involved, may be the early clinical indication of the underlying disorder.

Different kinds of meanings must then be distinguished and the particular psychodynamics worked out in each case. The same is true also of other delinquent acts, such as running away from home, undesirable sexual activity, disorderly conduct, and acts of aggression against police officers, to name but a few. An attack on a representative of the law committed by an alcoholic boy struggling against homosexual tendencies threatening to emerge from repression has a different meaning from the same act committed by a neurotic boy in acute conflict with his stepfather or a schizophrenic girl in a catatonic rage. This truth can be of prime importance in the judicial disposition of a case, as well as in the conduct of therapy. Other examples could be given of how in each type of antisocial act various nosological entities are represented, so that in each case the dynamic, genetic, topographical, and structural problems must be considered; these, and not the phenomenology of the act itself, are the essential factors.

If a delinquent act, whether directed against property, person, or self, may have various psychodynamic sources, why attempt to formulate any unified hypothesis of delinquency? We are justified in doing so by the fact that although the dynamic content of delinquent acts is variable, such acts yet have something in common. These acts chosen by delinquents to express a conflict or drain off tension all violate some one of society's rules, a code that is an integral part of reality. We need not here consider the validity of these rules (as long as they are not tyrannical, cruel, or unduly restrictive); whatever the code may be at different times and places, the individual must reckon with it in formulating his responses to life. If these responses flout the law and get their author into trouble, the ego has failed in its

function of mediating with reality; and especially so when such flouting becomes chronic—a way of life. These more chronic and aggressive offenders will form the subject of this study because their more severe disturbances will make clearer the nature of the problem.¹

It has been generally accepted that in the process of adaptation 'choices' will have been made between autoplasic and alloplastic adaptation, with an implied preference for the latter as tending to be more healthful, while the former may be more conducive to neurosis. However, in the alloplastic changes still further choices present themselves. Will these changes be really beneficial to the individual, and at what price to society? The delinquent seeks to effect alloplastic changes which are detrimental, often to himself and society. An important distinction must be introduced here in the concept of alloplastic activities. The change produced in the environment can be used to evade reality, rather than to modify it to a constructive end. The child who slips out of the therapist's arms to avoid restriction of a dangerous activity, the adolescent who steals what he wants but will not work for it, or smashes property because he envies its possession by another, is certainly making changes in the environment but doing so only in an attempt to escape the pressures of what the rest of us call reality. This might be termed negative alloplastic adaptation.

Freud (4) has stated in brief terms a simple formula concerning what is perhaps the most important genetic difference between neurosis and psychosis: 'Neurosis is the result of a conflict between the ego and its id, whereas psychosis is the analogous outcome of a similar disturbance in the relation between the ego and its environment (outer world)'. The degree of evasion of reality demonstrated by some chronic aggressive delinquents raises the question whether their acts do not betray an underlying inability to perceive the outside world or its demands without extreme distortion. Other authors, such as Fritz Redl (9)

¹ What has been called 'sexual delinquency' requires special study and is beyond the scope of this paper.

and René Spitz (11), have amply documented the degree of distortion, by projection especially, with which the 'child who hates' sees the world. This reaches proportions which could be termed 'psychotoid'; in this quasi-psychotic state, the equivalent of the secondary elaborations are perhaps the chronically anti-social acts. By impinging negatively on the outside world (what we have called the negative alloplastic mechanism), the individual is spared the need to elaborate the secondary symptoms, such as delusions or hallucinations, which are ordinarily explained as an abortive attempt to externalize overwhelming internal conflicts.

We here face a recurrent problem of psychopathology, the 'choice of symptom', or more broadly, the choice of illness. It may be that environmentally, both in the home and in our cultural setting, we are today exerting less pressure toward enforced internalization of conflicts and hence acting out is becoming gradually more prevalent as a substitute for the development of neurotic or psychotic symptomatology.

Commission of an antisocial or self-damaging act sufficiently serious to bring an individual to the attention of the court indicates that the ego has failed in its fundamental role of synthesizing agent and mediator. Therefore it seems logical to start with a review of the condition of the ego of these youngsters to see if they show any similarities in the development of their egos. Nunberg (8) has pointed out the semantic and theoretical pitfalls and confusions arising from careless use of the terms 'weak' and 'strong' ego. Redl (9), with respect to the delinquent, has also emphasized that the concept of 'weak' ego is inaccurate and misleading, since the delinquent presents strong and skilful ego techniques in defense of his preferred reaction patterns. However, it is clear that something is wrong with the ego, as well as with the superego, in this group of patients. What is this and whence does it come?

The delinquents studied here show a striking constriction and limitation of both ego functions and libidinal gratifications. Their daily round is usually work or school, going home,

watching television, going to bed, getting up. Occasionally they sit on the house steps or stand on a corner, or go to the candy store or to a friend's house. Passive entertainment, especially television and movies, is the rule. The alternative for the girls seems to be intense dependent involvement in particularly unhappy sexual relationships or in promiscuity; for the boys, aggressive acts, drinking, and gang relationships satisfy emotional needs.

Concomitant with this degree of constriction of life is often found latent or overt depression of varying severity. A number attempt suicide with more or less determination. Also combined with the inactivity is an impoverishment of affect which does not quite reach the level of the apparent flattening of affect of the schizoid personality. There is little evidence of sublimation; there are few intellectual, æsthetic, or ascetic defenses; we do not even see the 'teen age' type of attempt to manage libidinal and aggressive impulses, such as are implicit in the craze for crooners, autographs, or clubs. Applying Hartmann's concept that sublimation is practically the same as neutralization of libidinal or aggressive drives, it becomes plain that in the absence of such a mechanism sexual acting out and aggressive acts are left almost uninhibited.

There is a serious lack of success in all spheres of adaptation to school, work, play, love, and sex. Truancy and scholastic failure have often been the prodromal signs of disturbance, to be followed by antisocial acts. These young people do not perceive school as a challenge, an opportunity, a stimulation, or a satisfaction of drives toward mastery and achievement; they feel it rather as another imposition from the adult world to be resisted; or else as another experience of failure and frustration.

The early experiences of the adolescent who has quit school 'to go to work' also tend to be unfortunate. Untrained in any specific skill, lacking the apprenticeship of a trade to say nothing of previous successful experience with disciplined adaptation to inevitable monotony and routine, plagued by problems with authority, he soon defaults here too. The specific role

of the social structure and the school system, and the source and handling of this problem are beyond the scope of this paper; yet this is one of the most important and tragic problems confronting our urban culture. When a distorted permissiveness has allowed the individual to avoid stress and demands, he cannot measure his own abilities against the demands of reality; paradoxically this permissiveness seems to allow relatively unrestrained growth of fantastic fears and secondary aggression.

There is, in the children of this study, a preponderance of physically or emotionally broken homes; the parents are generally immature individuals who are openly or subtly exploitative of their children, as well as brutal. There is rarely any attempt at inculcating systematic values or ideals other than possibly a shallow façade of respectability, maintained solely for the sake of the neighbors or relatives. Violence and quarreling are frequent, and so is disregard for the dignity of the other spouse and of the children. Genuine interest and supervision are absent; in their place there are angry, premature accusations of wrongdoing, searching of intimate belongings, and other evidences of mistrust. These homes lack any suitable models for identification to aid in the ego development of the child; on the contrary, the infantile parents make parents of their children and want from them on all emotional levels. Since the child cannot realistically supply these narcissistic and libidinal comforts to the parents, it becomes more and more frustrating and unacceptable to them and hence is the butt of their mounting hostility. The child is consciously expected to conform (that is, not to be troublesome), and is the object of their unconscious projections, thus stimulating parental accusations. These lead to further restrictions by the adult, further stimulating rebellion, starting a vicious circle. Where parents have themselves been criminal or delinquent, the child is often expected to be for them a sort of substitute superego, thus mirroring the situation originally described by Adelaide Johnson (6).

Little is available as a model for the development of the more successful defenses against impulses; striving for autonomous

achievement, mastery of cognitive processes and other skills, reaction-formation, and artistic sublimation are all notably absent in our whole group. Instead heavy reliance seems to be placed on the more dangerous mechanisms of massive repression and denial of impulses, with a clinging to underlying fantasies of omnipotence. This is a defensive system that is notably brittle and, under the stress of other factors, breaks down fairly easily. When it does, it tends to produce explosive behavior.

The parents confer emotional omnipotence on the children, whom they see as siblings or parents, by such outspoken statements as, 'Look what my child is doing to me. My child is ruining me, denying me, torturing me.' In the quarrels that are frequent between parent and child in our clinic and court over such matters as money and housework, each is saying, 'Mother is not feeding me! Mother is abandoning me!' It is often that a mother cries out, when a court officer recommends that an eighteen or nineteen-year-old girl move out of the home, 'She cannot live without me', followed by the more desperate, 'I cannot live without her'. The elements of the struggle for power include conflict over giving and withholding, as well as a struggle for dominance in order to receive.

The constriction of life, anhedonia, and apathy referred to are the visible results of the severe immaturity and the basic though hidden dependent attitude to life. Although we characterize these youths as 'acting-out' types, it is important to avoid an associative confusion and think that they are particularly active. On the contrary, it has been our observation that this group tends to be lethargic, inactive, addicted to passive entertainment, unathletic (they love to drive about in cars, however,—another passive externalization of the motor drive). Together with the small pleasure in doing things goes their weakness in striving for autonomous achievement and contrastingly their great need for prestige, status, and recognition. These they demand rather than work for, thus betraying the underlying fantasy of omnipotence. They seek importance more from their peers than from adults. Since the adult world is more likely to

require realistic achievement, a reaction of defiant hostility is set up to guard against the narcissistic injury that would overwhelm them if they faced this demand. Adults are then defensively accused of malevolence and scorned as feeble and 'stupid'.

Beller (2) has reported how certain young children express their dependent wishes. Some children make direct demands for adult help when they need it; others express such demands only indirectly. The children who express their demands directly tend to have specific and realistic fears, whereas those who express demands indirectly are more subject to unchanneled anxiety, are unable to curb their aggressiveness, and become submissive when they need help. This latter group resembles the youths reported in this paper, who are often unable to seek openly any realistically useful dependence to fulfil their needs. Status is more sought after than achievement, and object relationships are shunned but replaced by exploitative manipulation of others.

For them no safe relationship has ever existed to allow the development of trust, which is a prerequisite for dependence, socialization, and ego development. The fantasy of omnipotence must be kept (never delegated) as the safeguard against the dangerous power of adults to hurt; lack of power is fearsome. The examples of brutality and hypocritical duplicity set by parents help to allow the children to escape into action to evade realistic development. Realistic fears and dependency cannot be admitted, but are replaced by fantastic fears of damage and an almost paranoid hostility.

A combination of reversal of affect and projection is here used: 'I don't need you, depend on you, or love you. I defy you and hate you. It is you who are malevolent; hence there is no need for guilt on my part.' The similarity to the mechanism described by Freud for homosexuality and paranoia is evident.

Eissler (3) has stressed the importance of fantasies of omnipotence to the delinquent and postulates that a traumatic situation, supervening when the need and expectation of gratification are great, has fixated the individual at this stage of

omnipotence. This alternates, he states, with periods of extreme helplessness. It seems from the clinical evidence available to us that the patient is fixated at a point where he needs to retain indefinitely his fantasies of omnipotence as a defense against his basic helplessness, and has never been able to take the step toward delegated omnipotence because no adult has offered him the opportunity for realistic dependency, *in safety*. Partial power either of the self or of the adult is dangerous. Since the power of the adult is perceived by the child (because of its experience) only as being exercised against it, it fights this power as well as its own wishes for dependency, which must be denied because they constitute a threat. The child has never been able to trust in the protective aspects of adult power.

A six-year-old boy summarized this attitude as follows: 'You can't boss me. You're not my boss. You can't make me do anything, or stop doing anything, until you catch me. And I won't let you. I'll run and run. You'd have to catch me first and I wouldn't let you.' And he runs away.

There is obviously no question yet of internal controls, since a megalomaniac denial of external control still persists and must be abandoned before any internalization can occur. Thus it seems that superego development must wait on the growth of the rudiments of the ego. This in turn depends on the trust in another person, through experience of gratification, and the development and acceptance of a dependent relationship. This is illustrated by the statements of a seventeen-year-old girl who carefully explained how she feels about following any instructions or orders. If she were told to stop smoking, she would have to smoke; if told to smoke, she would refuse. Doing what someone told her to do was 'like being trapped or under a spell, like being hypnotized'. She would not attempt to please anybody because there is no one she would want to please; no one is going to be her boss.

If this omnipotence is delegated (as it is to the court, at times), then the intense demands of passivity and dependency emerge, and the court is expected to fulfil all sorts of magical roles. The

passivity underlying the almost paranoid defiance is not to be underestimated; many accusations against the court take the form of 'Is it compulsory? Make me! Go on, make me!'. The dependency needs are to be gratified by force, thus maintaining the illusion of hate and force as triumphant.

The seemingly aggressive behavior which appears to be so characteristic in this disorder may not be solely due to an increased total of aggression but may result because aggression fails to be bound by the four types of conflict that modify the aims of aggression, as postulated by Hartmann, Kris, and Loewenstein (5): 1, instinctual conflict (which occurs when both drives, libidinal and aggressive, are vested in the same object); 2, conflict with reality, which results from the reaction of the object to aggression; 3, expectation of conflict with reality, which results in a structural conflict involving the ego; 4, structural conflict involving the superego. Furthermore, there is relative failure of all but the first of the four types of processes postulated to modify the impact of aggression by displacement, restriction of aim, sublimation, or fusion.

There is clinical evidence for the hypothesis that it is the fate of the aggressive drive, rather than its quantitative level, that is of decisive importance.² For example, these young people seriously lack aggressivity in the service of constructive ends and are passive in work, play, and sexual activity. The aggressive behavior with solely destructive aim points therefore to existence of the drive in almost pure form. It has not been sufficiently fused with libidinal components, and this failure of fusion depends on an inability to handle the vicissitudes of the dependency needs.

The extreme dependency (and its distortions by pathological mechanisms) in this group has perhaps not been adequately recognized, although the struggle between dependency needs and

² It is, of course, evident that deprivation and frustration will increase the intensity of the aggressive reaction, but even intense aggression could still be handled by internalization, turning against the self, sublimation, and other defenses, as it is in so many other clinical conditions.

the new press toward independence has been amply studied in 'normal' adolescence. This conflict is particularly poignant in our group, who lack the support that realistic achievements and strivings give to other young people; instead of going through and resolving a true conflict, these delinquents respond by total reversal of the predominant need. The need for love and gratification they distort into a need to hate and rebel.

Dependency can be accepted only after the sense of trust has been established as a stable, powerful, and protective source of gratification that also aids in progressive maturation of the ego. Dependency can then be a powerful aid in the process of socialization, based on controls from within instead of on external coercion. This trust in the protection of the adult world, a protection which expresses itself in gratifying and nurturing and,—what is equally valuable,—the providing of 'persistent stimulation, dosing, and structuring of new experiences' (1), has never been earned by those who have been responsible for the growth of these children.

The adolescent must become less dependent and conforming, he must re-evaluate himself and his elders as he learns to take his own place as a responsible member of the adult community. The normal adolescent is re-examining (and in the process often rebelling against) a set of standards that, although they may not be universally agreed upon, have nevertheless a coherent structure and social value, with both advantages and disadvantages. But the parents of the delinquent have not presented their children with such a set of values; instead they have presented only demands to satisfy their own needs for narcissistic supplies. When these are not provided by the child, it becomes the object of their hostility, stemming from frustrated parental dependency needs. Thus what the delinquent is rebelling against is actually not what we mean by authority, carrying with it the implication of responsible action and protection; the delinquent is rebelling rather against what *he* conceives, out of his own tragic experience, to be authority,—a tyranny, cloaked all too often in simultaneously rejecting and demanding brutality. It is

this confusion we have to overcome in the thinking and feeling of the patient: for him, authority or control is a dirty word.

The denial that external reality, the adult world, the police have any right or power over the delinquent allows for acting out which seems to mask the deficiencies of the ego, hiding them both from the patient's awareness and from the casual observer. Chronic acting out also hinders further ego development by attempting to circumvent reality rather than to deal with it.

In a small but extreme group of cases, the ego constriction and hidden dependency almost produce a state of symbiosis with a hating, hated parent. Then there is seen a craving for physical contact which, duly rationalized, expresses itself in sharing cramped quarters for living and sleeping; violence and frequent mutual beatings serve as outlets for both the need for physical contact and the guilt it arouses. In this group there have been cases of incest with the father. But such incest masks the real problem, the symbiosis of mother and child. If the father is absent, the symbiosis between mother and daughter may be of an astounding degree. (It is frequently found that the symbiotic parent is either psychotic or suspected of psychosis.) In these situations the adolescent may run away from home, yet fight with every resistance all attempts at true separation. I refer the reader to Mahler's (7) article on childhood symbiosis; except for the ages at which she finds childhood symbiosis, her description applies to these delinquents: '... and disturbance becomes apparent ... at such crossroads of personality development, at which the maturational function of the ego would usually effect separation from the mother and would enable the child to master an ever-increasing segment of reality independently of her. ... The illusion of the symbiotic omnipotence is threatened and severe panic reactions occur. ... The world is hostile and threatening because it has to be met as a separate being.'³

Some of our patients tell us that they cannot even conceive of themselves as being alone or on their own (this often at the

³ We are not considering here any biological basis or 'constitutional' inability to develop, but only the clinical description of the situation.

age of twenty or twenty-one), and that they are terrified at the mere thought of living in a separate habitation from the parent. Mahler further notes: '. . . the adult partner often seems able to satisfy the child only as it belongs . . . as a quasi-vegetative being, an appendage to her or to her body'. This, too, we see in some of our parents who scream publicly that they cannot give up their child to the world because 'she will destroy herself' and because the mother cannot stand this separation and 'will die'. This entire symbiotic adaptation is more complex and less easily recognized in adolescence than in childhood.

SUMMARY

The vicissitudes of the strivings for dependency play an important role in the psychopathology of delinquency. The delinquent, because of his experience, and by projection, sees the world as hostile. He has had bad objects,—his infantile and un-nurturing parents,—as models and he has felt severe deprivation. Never able to give up his fantasy of omnipotence, which he regards as his only safeguard, he has not delegated omnipotence to parental figures or their substitutes. He cannot tolerate partial power. His dependency needs are intense but felt as an exquisite threat against which he defends himself by reversal and projection in the formula: 'I do not need you or depend on you or love you; I am omnipotent; I hate you. You, the adult, are malevolent, so I can fight you without guilt.' Action has become a means of evasion of reality rather than of adaptation to it (the negative alloplastic reaction). External controls are not internalized, and indeed their very validity is denied in a way that interferes with reality testing. Reality is ignored to such a degree that psychosis may be simulated; in this state, aggression or other acting out is substituted for psychic symptoms or secondary elaborations.

This acting out, since it does not solve the fundamental problems of the individual, causes a continuing lack of socialization and therefore of opportunity for development of the various ego

functions. The constricted ego, unable to perform in such a way as to procure realistic gratifications and achievements, reverts to the old mechanisms of reversal and projection. The ego lacks the ability to acknowledge and utilize emotional and instrumental dependence; it cannot extricate itself from its vicious circle of constriction.

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'WHEN I GROW BIG AND YOU GROW LITTLE'

BY WILBUR JARVIS, M.D. (FREEPORT, NEW YORK)

The fantasy of 'the reversal of generations' is frequently expressed by a child with a further remark, often, but not always, hostile in nature. A two-and-a-half-year-old girl was told by her aunt that she could not stay up longer to play with her cousin. 'Auntie', the child retorted, 'when I grow big and you grow little I won't let you play!'

Ernest Jones¹ discussed briefly the possible connections of this fantasy with the growth of the child in relation to its size as compared with adults; in regard to the idea of reincarnation; and in regard to narcissistic ideas of immortality. What, however, he considered its chief motivation was a struggle between impulses of love and hate as it is observed in the usual pregenital ambivalence.

According to Jones, the most important consequence of the fantasy is the way in which it determines the later attitudes of adults toward their own children. The adult is himself the 'grown big child', and the child is the individual's 'grown little parent'. In its positive form it can influence the attempt to mold a child to become like a favored grandparent. An example of the negative form is a man's dread of having a son who represents to him the reincarnated (hated) grandfather.

A forty-year-old patient shuddered and said, 'I hate to think of people getting old and being taken care of by their children'. At this period in therapy she had been dwelling on her relationships both with her mother and with her own thirteen-year-old daughter. The patient had slapped and scolded this daughter, her only child, from infancy. During therapy, however, a year had passed without such an incident. She recalled her own childhood as a state of loneliness and fear from an early age when her mother became involved in a love affair and completely ignored her. The mother eloped with her lover, and the patient then lived for a time with her father.

¹ Jones, Ernest: The Fantasy of the Reversal of Generations. In: *Papers on Psychoanalysis*. Third Edition. New York: William Wood & Co., 1923.

As a child she had had no means of directly expressing her anger toward her mother. The prospect of becoming old and being taken care of by her child is a reversal of the common childhood fantasy: 'When I grow big and you grow little'. The patient as 'old' represents the parent grown little; her daughter as adult represents the child grown big. The shudder of dread is the fear of retaliatory reversal. The patient's child will feel toward her mother as the patient had felt toward her mother, and, indeed, had not the patient treated her daughter—under different circumstances—as the patient's mother had treated her?

The expression of a confusion of identity between child and adult is a mutual displacement, a change of identity between parent and child. This interchange of identity, from the point of view of the ego, varies in significance depending on the stage of ego development to which it refers. In very early childhood this change of identity betokens the usual lack of differentiation between object relationships and the infantile ego whose boundaries are blurred. It is also encountered in connection with the magical and omnipotent imaginings of later childhood. At this period to become an animal or a giant, or for one person to change into another are all acceptable possibilities. The reasoning of the adult, however, accepts no such possibility. It is possible at any stage of development to regress partially to old magical forms of feeling which accounts for the 'reversal'. The mother now dreads becoming old—helpless, as she was when a child. She then fears being left to the care of her daughter who is endowed with the lineaments of the 'bad' mother of the patient's childhood.

In these 'confusions of identity' and the uncanny² there is in both a return in later life of repressed infantile memories. The return of the repressed 'reversal fantasy' produces not a feeling of eeriness, but a transient confusion. The difference appears to lie generally in that the uncanny rekindles a supposedly settled struggle and we temporarily relinquish reality testing. The magic we once believed and later dismissed as imaginary appears once again to be occurring before us in reality: 'So it is really true that a wish can cause a person's death!'. In the reversal of generations the magic we once believed in struggles against the sense of reality, and reality

² Freud: *The 'Uncanny'* (1919). Coll. Papers, IV.

prevails—but not quite, and the magic is defeated at the price of a transient feeling of 'confusion'.

Another outcome of the struggle between magic and reality is, in part, the composite of affect and thought, adding a sense of wonder to the ego of the child.

THE GENESIS OF MOSES

BY JOSEPH WILLIAM SLAP, M.D. (PHILADELPHIA)

With characteristic recognition of the speculative nature of his reasoning, Freud was led to believe that Moses was an Egyptian of noble origin (1). The first two arguments he offered were the derivation of the name *Moses*, and the Biblical story of Moses' birth in comparison with an 'average myth' (2). A hypothesis concerning the second of these arguments is here presented, based on a clinical fragment.

This line of thought was originated by the dream of a patient, an unmarried woman of twenty-one, who was subject to wide fluctuations in her weight, and given to intense infatuations with men who resembled her father in physical appearance and mannerisms. She had a brother five years younger, and she was profoundly ambivalent in her relationship with her mother.

It was at a hunting lodge. There were many couples. A pregnant, blonde woman appeared. She was completely nude. She was beautiful; a perfect Venus type. Before her I felt sexless. I overpowered her. Then she climbed on top of me in the male position and she went up and down as if we were having intercourse. The baby was transferred from her into me. She disappeared. Then I felt I was being penetrated. It was wonderful, and I felt fulfilled.

Her associations to the hunting lodge were a former 'boyfriend', an enthusiastic hunter, and a current 'boyfriend', who at the time of the dream was vacationing at a 'rustic adult camp' which was locally notorious for the promiscuous behavior of its guests. Both these men, she said, closely resembled her father.

The blonde girl was an acquaintance who had expressed disappointment about being pregnant when she met her at a social gathering the patient had attended the day preceding the dream. The patient 'seethed with anger' when she heard the woman's lamentations because she herself was so desirous of having a child.

The meaning of this dream is that the patient, desiring to have

From the Philadelphia Psychiatric Hospital.

Read at the midwinter meeting of the American Psychoanalytic Association, December 1957.

the baby her father had given her mother, removes it, already conceived, from the womb of the idealized mother of her childhood and incorporates it into herself.

Regarding Exodus, II: 1-10, as a dream reported by Pharaoh's daughter, the Levite couple is believed to be the dreamer's parents, —Pharaoh and one of his wives. The representation of a dreamer's parents as being of another race is a common disguise of the dream work. A frequent distortion is to disguise the parents as royalty. When the parents are royal, they can only be disguised as members of a slave race.

Further we learn that the mother 'hid him three months. And when she could not longer hide him, she took for him an ark of bulrushes, and daubed it with slime and pitch, and put the child therein; and she laid *it* in the flags by the river's brink.' The baby's age of three months is commonly assumed to be extrauterine and was so regarded by Freud. This understanding, however, leads to a certain difficulty. The 'ark', in terms of the unconscious, is an allusion to the uterus and what a child three months old would be doing in the uterus is hard to fathom. If, on the other hand, we understand by three months the duration of the gestation, the significance of three months becomes comprehensible. At three months the fundus of the uterus rises out of the pelvis and the pregnant state of the mother becomes obvious to a daughter who has an opportunity to see her mother undressed.

There are two elements that confirm that the dreamer is Moses' sister. One is placing the child in the river, a sister symbol (3). The other is the introduction of his sister who watches his placement into the river and who arranges for his temporary return to his mother. I believe this sister is a representation of the dreamer.

The tenth verse which reads, *And the child grew, and she brought him unto Pharaoh's daughter, and he became her son. And she called his name Moses: and she said, Because I drew him out of water*, dissatisfied Freud and others who were seeking in it an etymological explanation. Freud wrote: 'What first attracts our interest in the person of Moses is his name, which is written Mosche in Hebrew. One may well ask: Where does it come from? What does it mean? As is well known, the story in Exodus, II, already answers this question. There we learn that the Egyptian princess who saved

the babe from the waters of the Nile gave him his name, adding the etymological explanation: Because I drew him out of the water. But this explanation is obviously inadequate. . . . An equally valid deduction is that the princess is not explaining the choice of the name but her right to bestow the name against the rights of the Levite mother. In terms of the unconscious this would be: 'My Mother was made pregnant by my Father. When I found out about it I made my Mother give the baby to me. As I was unable to care for him I gave her the baby as a loan. When he was sufficiently grown, I took him back. Since I made my Mother give me the baby, he is really mine and I have a right to call him mine and to give him his name.'

The question is how the dream of an Egyptian princess found its way into the Pentateuch. If it is true, as Freud speculates and for which he gives evidence, that Moses, an Egyptian, left Egypt, 'accompanied by his immediate followers', is it not within the realm of possibility that this retinue included an adoring sister?

If this sister had a dream of the same general type as that of my patient, and this dream took the form recorded in Exodus, II:1-10, she might well have freely communicated it, giving rise to a legend which was written down, and making plausible its adoption by the Hebrews who were understandably eager to make Moses one of their own.

Scrutiny of the five books of Moses reveals first that there is no mention of Moses' parents other than the brief mention in Exodus, II:1-10, whereas his sister, Miriam, is given considerable attention. In Exodus, XV, Miriam is referred to as a prophetess, which would suggest that her dreams would command attention and credence. In Numbers, XII, Miriam raises loud objections to Moses' marriage and is severely punished and humiliated for her attempt to exert authority over him.

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- Cf. also JONES, ERNEST: *The Birth and Death of Moses*. Int. J. Psa., XXXIX, 1958, pp. 1-4. [Ed.]

FOOTNOTE TO THE GENESIS OF MOSES

BY MOSES NAFTALIN, M.D. (NEW YORK)

In *Moses and Monotheism*¹ Freud wrote under the heading, The Progress in Spirituality (Section II, Subsection IV): 'If we may trust to language, it was the movement of the air that provided the image of spirituality, since the spirit borrows its name from the breath of wind (animus, spiritus, Hebrew *ruach* = smoke). The idea of the soul was thus born as the spiritual principle in the individual.'²

My attention was attracted in this passage to '... Hebrew *ruach* = smoke'. An elementary knowledge of Hebrew would lead one to question the translation *ruach* = smoke, and it must be assumed that Freud had this knowledge and knew that *ruach* means breath or spirit. It is repeatedly met with in the early Hebrew education of a boy brought up in an orthodox environment, and is found in Genesis, I: 2, '*ruach Elohim*', meaning 'the spirit of God'. In Yiddish, *ruach* is commonly used with the meaning 'demon-spirit'. A Hebrew dictionary gives the following definitions: breath, air, wind, breeze, breath of life, spirit, soul, bad demon.

Why did Freud translate *ruach* as 'smoke' when the literal translation, breath, spirit, air, soul would have corresponded exactly with animus, spiritus, and would have lent confirmation to his thesis? It then occurred to me that Freud made the association *ruach* (Hebrew) with *Rauch* (German) which is 'smoke', and that the association was based on the similarity of sound since there is no connection etymologically between the Hebrew *ruach* and the German *Rauch*.

I was sceptical, as would Freud himself have been, about an absence of meaning in this error. When I mentioned the matter to a

¹ Freud: *Moses and Monotheism*. New York: Alfred A. Knopf, 1939.

² Ernest Jones, in Volume I of *The Life and Work of Sigmund Freud* (New York: Basic Books, Inc., 1953), records that Freud had been taught Hebrew. In the same volume there is a translation of an inscription in Hebrew by Freud's father in a Bible given to him. This inscription contains the words 'spirit of God' and 'holy spirit.' In the original Hebrew 'spirit' could have been no other word than *ruach*.

friend and colleague, Dr. William Brooks, he immediately recalled to me that Freud was an inveterate smoker and considered smoking more or less as the 'breath of life'.

In his letters to Fliess³ Freud makes numerous references to his addiction to smoking. In a letter dated 19. 4. 94 he says, 'As everyone must have come under someone's suggested influence to escape his own criticism, from that time on (three weeks ago today) I have had nothing lit between my lips, and I can now actually watch others smoking without envying them and can conceive of life and work without it. I have only just reached this point and the misery of abstinence has been unexpectedly great, but that is obvious, after all.' In the same letter he describes symptoms of cardiac insufficiency which occurred suddenly after a few days of deprivation of smoking which were accompanied by '... a depression of spirits which expressed itself in visions of death and departure in place of the normal frenzy of activity. The organic discomforts have diminished during the last two days, but the hypomanic state persists, leaving behind a human being who looks forward with confidence again to a long life and undiminished pleasure in smoking.'

In the letter dated Vienna 12. 6. 95 (p. 121): 'I have started smoking again, because I still missed it (after fourteen months' abstinence), and because I must treat that mind of mine decently, or the fellow will not work for me. I am demanding a great deal of him. Most of the time the burden is superhuman.'

'I have entirely given up smoking again, so as not to have to reproach myself for my bad pulse, and to be rid of the horrid struggle with the craving for a fourth or fifth cigar; better to struggle with the craving for the first. Abstinence is probably another thing that is not very conducive to mental satisfaction.' (Vienna, 16. 10. 95, pp. 127-128.)

Freud stated elsewhere⁴ '[I] . . . believe I owe to the cigar an increased ability to work and a solace during fatigue. My father, who

³ Freud: *The Origins of Psychoanalysis. Letters to Wilhelm Fliess, Drafts and Notes: 1887-1902*. Edited by Marie Bonaparte, Anna Freud, and Ernst Kris. New York: Basic Books, Inc., 1954.

⁴ *On Smokers and Smoking*. Original letters and sketches. George Arents Collection, New York Public Library.

Letter to Mr. Victor Rubens. It is in the George Arents Collection of the New York Public Library, Catalogue No. 3270, Accession No. 5062, and was written on 12. 2. 29 from Vienna.

was an inveterate smoker, and remained one until he reached the age of eighty-one, served as a model in this respect.'

There can be little doubt that smoke was indeed the breath of life—perhaps death, too—to Freud, and also that the homonym *ruach*—*Rauch* proved to be a matter of significance as a further confirmation of Freud's theory of the dynamic influence of the unconscious in the psychopathology of everyday life.

ABRAHAM FABIAN

1909-1958

Abraham Fabian's death was especially shocking because it was totally unexpected: he had been ailing for months and, aware that death was not far off, he remained active until the last. His life was representative of those who have had to strive to achieve their goals.

Born in Austria and brought to this country at the age of two, it was later found that he had a gifted voice, and from age seven through maturity he sang in some of the foremost choirs in this country.

Graduated from City College of New York in 1929 with honors, he studied biochemistry and then went to Creighton University School of Medicine where he was elected to Alpha Omega Alpha. Returning to New York, he interned for two years at the Hospital for Joint Diseases, after which he went into the general practice of medicine in Greenwich Village where he formed friendships with Thomas Wolfe and many other struggling young writers whom he befriended.

From 1940 he pursued an earlier interest in psychiatry, and served his residency at the Bellevue Psychiatric Hospital. Through his interest in child psychiatry he made many valuable contributions to the subject of schizophrenia, reading disabilities, and brain injuries.

In 1947 Dr. Fabian was invited to join the faculty of the Long Island College of Medicine. During the years of his association with what became the State University, he gained the respect and admiration of students, residents, faculty, and was made Clinical Professor of Psychiatry.

He graduated from the New York Psychoanalytic Institute in 1947 and became a member of the American Psychoanalytic Association in 1950. When he became a member of the faculty and a training analyst of the Division of Psychoanalytic Education, State University of New York, College of Medicine at New York City, he felt that he had finally achieved what he had been striving for. At the time of his death he was in the process of organizing a child analytic training program for the State University.

Aware that his span of life was limited, his wife and his daughter, aged six, were especially dear to him.

What can one say of a friend and colleague of many years duration which can convey to others the manner of man he was? To sketch his life history, his work, his contributions is but to present a rather limited facet of this human being. What characterized Abraham Fabian to all of us who knew him was integrity, honesty, and a total freedom from malice. He had the equanimity which is often seen in those who have come to terms with themselves. He was never harsh with anyone, but this does not mean that he was not devoted to principles in which he believed. He would frequently raise his voice in protest against what he felt were deviations from these principles, but even at such times he was most appreciative of others' feelings. When critical of a student's psychoanalytic work, with a characteristic gesture, he would cock his head, a little twinkle would come into his eyes, and a gentle smile on his face; he would shake his head and say, 'But he just doesn't understand psychoanalysis'. These are some of the little things his friends and colleagues remember about him. These are the qualities which have left their imprint on all who came in contact with him; and these are the qualities we will miss in the loss of Abraham Fabian.

JOHN FROSCH, M.D.

BOOK REVIEWS

ON THE EARLY DEVELOPMENT OF THE MIND. *Selected Papers on Psychoanalysis*, Vol. I. By Edward Glover, M.D. New York: International Universities Press, 1956. 483 pp.

'The custom of issuing volumes of "Selected Papers" during the lifetime of the author has no doubt many motivations in common with the practice of writing autobiographies, and, as in the case of an autobiography, can be justified only on the assumption that the author's remains are worth preserving. At first a sanguine belief shared by author and publisher, this sometimes naïve assumption must sooner or later be submitted to the public for judgment.'

So begins Dr. Glover's preface to his book, which is a collection of twenty-eight of his papers, published over a period of thirty years, beginning in 1924. Dr. Glover justifies their reprinting by the fact that the great majority of the papers are concerned with one aspect or another of the early development of the mind, since they deal with early developmental stages, early structural and functional aspects, and his noteworthy work on classification of normal and pathological manifestations on etiological and developmental bases. Moreover, in this collection Dr. Glover adds introductory paragraphs to each of the papers summarizing his present views on the status of the contribution. This addition is a noteworthy improvement on the usual type of collection of papers where the author does not trouble to indicate whether he has changed his mind, or whether he would now deal with the topic differently than he did in earlier years.

It was particularly interesting to the reviewer to find ideas and concepts in some of the papers published over thirty years ago which have been presented in relatively recent publications by other authors without due acknowledgment to Dr. Glover. A few examples which come to mind are his idea of the imprint of early libido and ego development upon later stages of character structure; the qualitative closeness of the defensive structures of the 'normal' to that in psychoses, drug addictions, or character disorders; and the approach to neuroses from the point of view of adaptation theory. There are many others; I have mentioned only those which impressed me particularly.

It is of special interest to follow through the book the development of Dr. Glover's concept of 'ego nucleus' with its theoretical and clinical ramifications. His paper, *The Concepts of Dissociation*, is particularly good stylistically since it deals with the concepts of ego structure and weaknesses from the point of view of dynamic, economic, structural, and developmental and adaptational criteria. The model of the treatment of a psychoanalytic problem from these five different points of view is one that not enough psychoanalytic writers follow. Fortunately some do, and their works have the greater value because of the endeavor to separate these distinctly different criteria instead of presenting the usual sort of *mélange*, often indicative of a lack of clarity in thinking.

In *Functional Aspects of the Mental Apparatus*, the paragraph of Dr. Glover's differences with Dr. Hartmann on the concept of the conflict-free sphere is unfortunately too brief. This paper seems altogether too condensed since it raises, among other things, the argument of the inadequacy of the structural approach to psychic phenomena, a point of view with which many authors would undoubtedly take issue.

The value of the book will probably be most appreciated by those who have some knowledge of the history of the development of psychoanalytic theory for the last thirty years. For this reason it is especially recommended to the newer students of psychoanalysis, who are at times apt to feel that the most durable and valuable psychoanalytic insights are to be found in the most recently published issue of a journal.

NORMAN REIDER (SAN FRANCISCO)

ENVY AND GRATITUDE. A STUDY OF UNCONSCIOUS SOURCES. By Melanie Klein. New York: Basic Books, Inc., 1957. 101 pp.

In her latest contribution Melanie Klein develops and expands certain hypotheses concerning very early object relations which she introduced at the Nineteenth International Psychoanalytic Congress in Geneva. As always, in attempting a critical evaluation of Mrs. Klein's work, it is essential to differentiate three aspects: her detailed observations and descriptions; her theoretical deductions; and her application of these deductions to clinical material.

Both in her clinical examples and her literary and philosophical

references, Mrs. Klein presents stimulating and illuminating material. Many analysts will recall situations from their own experience which resemble those she describes. Both transient and persistent negative therapeutic reactions related to the patient's envy of the analyst's relative strength and security frequently present difficult technical problems. Mrs. Klein has brought together varied expressions of this important negative attitude, with detailed and convincing evidence of the potential significance of envy as a deterrent to emotional maturation. From this point of view Envy and Gratitude, like so many of Mrs. Klein's contributions, should be regarded as a valuable addition to our clinical literature.

Unfortunately, however, Mrs. Klein has cited this clinical material in support of a highly controversial hypothesis concerning very early psychic development. She suggests in brief that the infant at the breast envies its mother's productivity. This envy is to be regarded as a basic, essentially innate emotional attitude which varies in degree rather than in kind, between one individual and another. Excessive envy, it is suggested, may cause the infant to sabotage its own pleasure in receiving and thus impair growth and development. In contrast, lesser degrees will gradually be overcome and displaced by the grateful acceptance essential for good object relations.

The familiar criticism of Mrs. Klein's tendency to regard infantile psychic life as extremely complex from its inception is obviously applicable to this new thesis. On the one hand, her premise implies the existence of detailed fantasies which cannot be confirmed by direct observation; on the other, the concept of envy which she proposes appears to be based on a spontaneous differentiation between self and object which is not compatible with most current developmental psychology. Her concept of basic emotional attitudes represents moreover a significant departure from the traditional freudian model of psychic structure and function. It is generally recognized that the psychoanalytic theory of affects has many complex unresolved problems. It is also the general consensus of opinion that definitive formulations must be clearly related to the fundamental basic concepts integral to psychoanalysis. It is extremely unlikely that attitudes such as envy and gratitude could ever be regarded as basic emotional states in the sense that Mrs. Klein suggests. It is therefore probable that future developments based on this concept are likely to differ considerably from generally accepted psychoanalytic theory.

The most important aspect of a new psychoanalytic hypothesis, however, concerns its effect on clinical judgment and technique. Mrs. Klein's description of the manifold expressions of envy in the analytic situation certainly indicates that interpretation is necessary. The proposals, however, that envy may generally be regarded as the reappearance of a basic infantile attitude, that the efficacy of analysis may be limited where innate envy is excessive, and that the patient's negative response is determined by envy of the analyst's creativity have far-reaching implications. The suggestion that complex adult emotions of envy may be regarded in essence as the simple repetition of infantile experience will raise questions for those who have traced its multiple determinants to a variety of sources. More important, however, are the conclusions to be drawn from the hypothesis that accuracy of interpretation may of itself elicit unanalyzable negative responses in the inherently envious patient. Recognition and evaluation of the therapeutic limitations of clinical psychoanalysis are matters of widespread current interest. A differentiation must be made between attempts to delineate problems which should not be approached by traditional methods and retrospective constructions to explain the results. The former concerns the limitations of a method and relates primarily to therapeutic indications. The latter, in contrast, reviews a *fait accompli* seeking to find the cause of success or failure. That unanticipated failure is not to be avoided is an unfortunate reality. How far such failures are to be attributed to inherent defects in the patient and how far they arise from difficulties in specific analytic situations, remains an open question. One cannot help envisaging the possibility that a premise like Mrs. Klein's might, in certain circumstances or in inexperienced hands, lead to an unjustified attitude of analytic omnipotence which could adversely influence the progress of treatment.

Throughout her long and distinguished psychoanalytic career, Melanie Klein has been a controversial figure. A highly gifted and intuitive psychoanalyst, her clinical observations have stimulated speculative theoretical deductions. These, in turn, have influenced her reconstructions and clinical technique. In certain areas, her suggestions have proved extremely fruitful. Much, for example, that she has said about early fantasy life has been confirmed as to content though not as to timing. Her theoretical orientation rests, however, on an approach to early mental life which is not generally accepted. Although her present thesis still depends on these basic

premises, the reader familiar with her work will find subtle but significant changes in her current argument, for the hypothesis developed in *Envy and Gratitude* suggests that Melanie Klein is moving further away from, rather than toward, the main stream of contemporary psychoanalysis.

ELIZABETH R. ZETZEL (CAMBRIDGE, MASS.)

HANDBOOK OF SPEECH PATHOLOGY. Edited by Lee Edward Travis.
New York: Appleton-Century-Crofts, Inc. 1957. 1088 pp.

The size of this book is striking as an objective fact and noteworthy as an interpretative phenomenon. A handbook is usually defined as a compact reference book on some subject. This work, containing thirty-three chapters by twenty-seven authorities in the various areas of speech pathology, appears rather as a volume of reference material of encyclopedic scope. The editor explains the bulk on the basis that speech pathology has grown beyond the grasp of any one man. Apparently the editor's aim was encyclopedic as he uses such terms as 'the whole field' and 'in relatively complete fashion'. However, there appears to me to be quite a different basis for the length. This is particularly true in the area of the functional speech disorders. In essence my criticism here pertains to the current scientific position of academic and clinical psychology to which most of these authors adhere. This position consists, as is well known, of an eschewing of any theoretical frame of reference with the resultant accumulation of an endless collection of heterogeneous 'data'.

The book is divided into four parts. Part I, occupying one quarter of the volume, is devoted to basic considerations on speech pathology. It deals impressively with the facts and theories of the development of speech; an extensive array of terminology and nomenclature; a very creditable selection of the relevant neurophysiology; the physics, mathematics, and instruments dealing with acoustics, speech and sound formation—a huge field of technical knowledge that can only be used for purposes of reference by the already initiated. The concluding chapters are concerned with the incidence and methods of evaluation and diagnosis of speech disorders. After a large display of forms and data sheets, it is concluded that 'perhaps as precipitating conditions become better known and universally accepted, more standardized testing procedures can be recommended.

In the meantime, the greatest tool of the examiner is *observation*. He must never sacrifice this tool in favor of the standardized testing procedure.' If observation is really the greatest tool, then why relegate it to 'the meantime'? It seems to me only because 'observation' as here implied is not only more difficult than standardized tests but approaches the well-nigh impossible. The reason is not merely that 'precipitating conditions are not better known or accepted' but rather that in the absence of an integrated frame of reference or theory of personality and pathology, it is observation that must be uncritical and hopelessly diffuse. As already mentioned, this type of criticism suggested itself repeatedly throughout the reading.

Part II, the largest, deals with speech and voice disorders associated with organic abnormalities, such as deafness, aphasia, organic brain disease, cleft palate, and dental abnormalities. These disorders are comprehensively described and their treatment is gone into carefully and in detail. Psychological correlates and sequels are recognized but dealt with comparatively more superficially. The area, as can be seen from the topical list, covers a large sector of basic medical science and clinical medical specialties. What is impressive about this part of the book is the vast range of basic and clinical medical knowledge that is here condensed. The consequence of such a range is that it presents a burden to be mastered by the nonmedical person, and a need for adequate collaboration between the medical and nonmedical disciplines—a fact that is recognized by some if not all of the authors.

Parts III and IV have to do with speech and voice disorders unrelated to organic abnormalities and with psychotherapy and speech therapy, respectively. As such they obviously have the greatest interest for the readers of *This QUARTERLY*. Among the contributors here are some of the leading writers in the field of speech correction or speech therapy, including Ainsworth, Johnson, Travis (the editor), Van Riper. As usual, when functional speech problems are discussed, voice disturbances, cluttering, delayed and inaccurate speech are briefly mentioned, but stuttering constitutes the lion's share of the interest.

Ainsworth makes a praiseworthy effort at establishing a framework by means of a set of criteria for integrating theories of stuttering. He states correctly that 'the wide variance as to causes (or ex-

planations of stuttering) are due in part to the fact that they begin from different concepts as to what stuttering is and how it develops'. He gives many illustrations of the limitations of previous attempts at integrating theories. He concludes by offering three headings under which theories may be brought together for a satisfactory understanding of stuttering. These headings, in essence, relate to the varied phenomenology, the genetic, and psychodynamic factors. Although this approach is regarded both as axiomatic and minimal by the psychoanalyst, it represents an advanced position in the speech correction discipline which is based on widely divergent though generally very circumscribed formulations.

Another author, Van Riper, begins his article by inveighing against the logic of the psychoanalytic attitude in relation to symptomatic treatment. He uses a number of imperfect analogies from medicine. However, he concludes his thesis with a procedure for exploiting and manipulating the symptom in different ways as part of the psychotherapy. Inducing stutterers to stutter consciously and deliberately may offer ways of displacing and of understanding the unconscious satisfactions and resistances which the stuttering symptom represents. If I understand him correctly, what he offers has useful potentialities for insight and therapy. It is akin to some parameters which have been advocated by different psychoanalysts. For example, Coriat urged the deliberate abstinence in oral gratifications outside the analytic sessions and within them a 'forbidding' or 'indulgence' in stuttering. The reviewer has experimented with occasionally interrupting severe speech blocks, directing the patient to drop his concentration on the blocked thought content and to elaborate on the associated affects instead. I believe these and similar efforts to be a fruitful field for further study and experimentation. Van Riper, in urging the indulgence which Coriat forbade, deserves credit for elaborating his technique. On the negative side of Van Riper's presentation, however, may be listed some of the faults common to the entire group: a personality concept is not discernible or may be totally nonexistent; ultimate verification is hoped for only from the experimental 'laboratory'.

Johnson's contribution to the genetic problem in stuttering is an important one. It states that the parents' anxiety in reaction to the usual iterations of the child's early speech is a significant precipitating factor, i.e., their diagnosis of stuttering actually commences it.

But certainly there is much more in the clinical picture than merely the parental disapproval because of nonfluency. What do words, speech in general, mean to the parents? Are they disturbed only by the nonfluency? Are they not really more anxious because their spokesman, the child, is beginning to expose itself—and them—through its speech? And what are these fearsome mental part-selves and 'acts' it might divulge? As far as I could gather Johnson does not seem to answer these questions, or even ask them. Hence, the holistic device of substituting the concept of nonfluency for that of a summary statement of the current connection between intra-familial and other object relations and stuttering, does not approach the basic anxieties. Furthermore, it seems to me that his use of the intellectual discipline of semantics as a substitute for a psychodynamic theory of personality and psychotherapy is inadequate.

Two authors, Travis and Wolpe, base their contributions frankly on the orientation of psychoanalysis, though each adds significant modifications. Travis, the editor, contributes two chapters, *The Unspeakable Feelings of People With Special Reference to Stuttering* and *The Psychotherapeutic Process*. The relative emphasis of some of the modifications suggests the proverbial tail shaking the dog. Thus, Travis defines current psychotherapy as the intermingling of two streams—Freud and his followers as one, and Pavlov, Watson, Hull, Dollard, Miller, and Mowrer as the other. Actually what this fusion amounts to is the acceptance of the fundamental observations of psychoanalysis, without giving them the designations of their discoverer, and using these observations as an inventory of somewhat isolated items which are not closely knit as they are in the theoretical structure of classical psychoanalysis. In lieu of the deleted structure another is substituted—consisting of theories of learning and conditioning—as attempted by Dollard, Miller, and Mowrer. Thus the encouragement to free association becomes 'the primary new condition of learning imposed upon the person . . . of unminded verbalization'. Travis, in his chapter on unspeakable feelings, gives a fairly large number of long excerpts dealing with instinctual strivings in terms of images and affects so primitive in nature and uninhibited in expression that they impel me to ask: How many of these patients are possibly schizophrenic? Or, were other associations of the same hour excluded to stress only the 'unspeakable feelings'? Or, are these quotations the result of the ap-

parent isolation of and concentration upon an inventory of feelings significant in the mutual working understanding of therapist and patient, as alluded to above? However, in the discussion of the therapeutic process much greater breadth is indicated by the inclusion of dream analysis, transference analysis, and the working through.

The second author who bases her contribution, with even less qualification, on the findings of analysis and the techniques of child analysis, is Wolpe, who writes on *Child Therapy and Parental Counseling*. She uses psychodrama as an adjunct to play therapy and gives a very meritorious discussion of its assets and limitations. Psychodrama is also used for parent counseling as is group therapy. It is regrettable that a more specific therapy for parents is not advocated or outlined. Even sensitive counseling, for which Wolpe makes a plea, is still counseling and not psychotherapy.

Two other points in her article are noteworthy. After a fairly elaborate demonstration of analytic play technique she states: 'This is the clinical psychologist's approach to speech pathology'. As far as I know such theoretical and clinical training is not part of the current training or practice of the large majority of clinical psychologists. Child psychoanalysis seems to me a more fitting designation for this form of therapy.

The same author also notes that a number of speech therapists do not consider stuttering a neurosis but mainly as speech with a quantitatively larger number of iterations, and that to them the term 'functional' is less emotionally charged than the term 'neurotic'. In this book the reviewer encountered a parallel reluctance in the use of the word 'patient' and a resort to such awkward alternatives as 'these people' and 'this case'. Perhaps this behavior suggests a conflict within a distinctive discipline in which a sizable group of practitioners emphasize the symptom (without calling it such) and subordinate or deny the patient. In line with this orientation, clinical observation—that 'experiment in nature'—is held in low esteem in contrast to the sacred cow of ultimate validation: evidence from the 'experimental laboratory'. However, it is not fully recognized that isolating the function of speech from its natural contexts—important as the principle of studying variable elements in isolation when dealing with inanimate substances and with primitive biologic reactions may be—destroys its essential meanings. Conclusions drawn from specimens *in vitro* are not regularly applicable to organisms

in vivo. To cite at random a recent bit of evidence from the 'laboratory' which comes to mind: Tape recordings were made of adolescent stutterers who talked 'spontaneously' (?) many long hours a day for a certain number of consecutive days. The aim was to determine adaptation to stuttering. The result was that a statistically significant decrement in severity was generally demonstrated. However, from the discussion of this and of similar work very little could be learned about the adaptation. More experiments under a wide variety of other conditions were called for. No attempt was made to interpret the meaning and the means of adaptation. This is a far cry from a method of ultimate validation.

This book is a useful compendium of facts about speech in terms of the basic sciences in relation to voice and speech formation and development, as well as the manifestations of physical pathology. Much less can be said regarding the functional disorders. Here, despite a couple of laudable attempts to bring these in line with the fundamental findings of psychoanalysis, too large a proportion of authors still cling to the pursuit of endless accumulations of isolated, superficial, simple, heterogeneous observations, without any theoretic position or interpretation.

I. PETER GLAUBER (NEW YORK)

THE ORIGINS OF CULTURE. [Part I of PRIMITIVE CULTURE.] By Sir Edward Burnett Tylor. New York: Harper and Brothers, 1958. 431 pp.

RELIGION IN PRIMITIVE CULTURE [Part II of PRIMITIVE CULTURE.] By Sir Edward Burnett Tylor. New York: Harper and Brothers, 1958. 554 pp.

Readers who are over forty may recall that, in the English-speaking world at least, the word 'Victorian' had a distinctly pejorative quality during their youth. Happily, the 'sawdust Caesars' and the intellectual charlatans of the twentieth century have already achieved, or are rapidly achieving, a well-deserved oblivion; and it is refreshing indeed to return to the work of an eminent Victorian, Sir Edward B. Tylor.

These two volumes are a reissue, in paperbacks, with unnecessarily dichotomized titles, of Tylor's *Primitive Culture* (1871), a clas-

sic of anthropological thought. Psychoanalytic readers who have not yet acquired them are respectfully urged to correct this deficiency at their earliest convenience.

Described at times as 'the father of anthropology', a title which is subject to challenge, Tylor remains without any doubt the greatest name in the history of anthropology. Not a field worker or even a trained scientist, he managed to abstract the concept of culture, to postulate manageable hypotheses, and to outline the dimensions of the then incipient science that would devote itself to the study of the 'complex whole which includes knowledge, belief, art, morals, law, custom, and any other capabilities acquired by man as a member of society'.

Victorian in his optimism about peace and progress, dedicated and methodical but distinctly not a genius, Tylor was in personal and intellectual contact with the great English scientists and scholars of the nineteenth century. He was not the first to concern himself with anthropology, but he did put it on the map as a science; and his *Primitive Culture* is to anthropology what Darwin's *Origin of Species* and *Descent of Man* are to biology. A man of religious faith but remarkably free of the religious or scientific dogmas which consumed some of his friends and colleagues, Tylor was not only saturated in the tough-minded empirical traditions of classical English philosophy and psychology but he was also conversant with the new data and techniques which were emerging from philology, geology, biology, paleontology, archaeology, and ethnology. As a result, he abstained from the wild conjectures or even the sporadic brilliance of his anthropological predecessors and contemporaries.

Interestingly enough, his formal education was modest. Born in 1832 of a liberal and affluent family, Tylor, being a Quaker, was legally debarred from attending Oxford or Cambridge. Educated privately and in denominational schools, he entered his father's business in his middle teens. He resigned about seven years later because of poor health and traveled in the West Indies and Mexico. These experiences, supplemented by a brief visit to the Pueblo Indians of the American southwest, constituted his only firsthand contact with 'primitive culture'. Tylor was recognized early by the leading English scientific organizations, received an honorary doctorate from Oxford, and was in due time called by that institution to be Keeper of the University Museum and Reader in Anthropol-

ogy. Knighthood followed later. In view of the subsequent Teutonicization of British and American universities (the fault may rest in part with what William James described as 'the Ph.D. octopus'), it is chastening to reflect on what so many nineteenth century men, frequently of independent means, were able to accomplish in science and scholarship without the benefit of academic or governmental assistance and direction.

As almost a century has passed since Tylor's first book was published, it is noteworthy that most of his work has stood up well and that he is held in the highest esteem by contemporary anthropologists. His interests were so diverse, and his thoughts so orderly and yet flexible, that he has been claimed as an ancestor by many of the rival schools of anthropology. Thus, it would be possible to subsume some part of Tylor's work under each of the following headings: diffusionism, evolutionism, functionalism, historicism, psychology, statistics, etc. Ironically, although Tylor's theory of religion was essentially psychological and evolutionary, and although he could (and should) have had a greater influence on the first psychoanalysts, his relevance to psychoanalysis and to psychoanalytic anthropology was first appreciated by Géza Róheim, whose germinal insights are in turn enriching the work of Devereux, La Barre, and other American anthropologists.

Tylor's studies of the psychological origins of religion, and of the evolutionary progression from animism to monotheism, are somewhat dated but nevertheless quite stimulating. In the light of subsequent work, however, especially that of Durkheim, Malinowski, and Radcliffe-Brown, the methodological defects of Tylor's approach to religion have become clear. (Incidentally, it is scientifically and culturally significant that up until very recently a century of American anthropology produced no important theoretical work on religion.) On the other hand, Tylor's interest in such varied and relevant topics as survivals, historical and cultural reconstruction, mythology, language, games, counting, etc., his attempt to study culture scientifically and holistically, his concern with correlations (then known as 'adhesions'), uniformities, and causality—all these, in addition to his pervasive rationalism and empiricism, make him more modern and scientific than Toynbee or Jung.

SCHIZOPHRENIA IN PSYCHOANALYTIC OFFICE PRACTICE. Edited by Alfred H. Rifkin. New York and London: Grune & Stratton, Inc., 1957. 150 pp.

Appearing at a time when a relatively large and ever-increasing number of schizophrenic patients are being seen and treated by psychoanalytically oriented therapists in their daily office work, this slim volume is not without some merit. It consists of the papers presented by thirty authors of variegated provenience and experience at a symposium held, under the same title, in New York early in 1956, which was essentially devoted to a discussion of conceptual, structural, diagnostic-therapeutic, and related aspects of extramural schizophrenia. When different authors participate and their deliberations are offered in a compendium type collection of articles like this, the quality of the contributions is bound to be uneven and the relationship of the conceptual formulations to the observational material is not always clearly stated or elaborated. Nevertheless, the book contains a number of stimulating contributions such as a searching inquiry into the Nature of Extramural Schizophrenia by the late Lewis B. Hill, and highly readable papers by Zilboorg, Bychowski, and others. It also contains a good many passages which to this reviewer appear rather weak and unsatisfactory, e.g., one contributor's effort to negate the significance of unconscious processes in schizophrenic illness. After reading the volume, one is inclined to agree with Zilboorg's poignant formulation: 'I doubt whether it is possible today to arrive at a unitary understanding of the problem'.

On the whole, the editing is adequate and it is questionable whether more editing could have provided more clarification. One passage reads: 'Panic results when the area of unmastered activity, activity which is inadequately conceptualized and hence automatic and compulsive, is of such a nature that its exposure or threatened exposure, in connection with an event or series of events results, not simply in the temporary failure of consciousness and the experience of helplessness and anxiety, but rather in the threatened destruction of the structure of consciousness itself' (p. 84).

WILLIAM G. NIEDERLAND (NEW YORK)

CLUES TO SUICIDE. Edited by Edwin S. Shneidman, Ph.D. and Norman L. Farberow, Ph.D. With a Foreword by Karl A. Menninger, M.D. New York-Toronto-London: The Blakiston Division, McGraw-Hill Book Company, Inc., 1957. 227 pp.

This volume represents an outgrowth of a symposium held at the Western Regional Meeting of the American Psychological Association in 1956. It comprises a series of eighteen papers dealing with clinical and sociological aspects of suicide.

The opening paper, from which the book takes its title, is a brief report by the editors on the tentative results of a study in which they are currently engaged. The material used in this study consists of psychiatric case histories, test results, and suicide notes. Unfortunately, the paper does not contain sufficient information to permit a detailed evaluation of the findings without reference to the authors' other publications on this topic. For instance, the statement that 'it is practically impossible to distinguish a potentially suicidal person from the details of his case history alone' cannot be evaluated without knowing what categories of analysis had been employed; moreover, it seems to require some qualification in the light of another statement, on the same page, that 'seventy-five per cent of the subjects who committed suicide had a history of having previously threatened or attempted suicide'.

Other contributors—notably Moss and Hamilton, and Schechter—do make some specific statements about factors related to suicidal proneness which were found to emerge in case histories. For example, Moss and Hamilton report that in the overwhelming majority of cases of attempted suicide which they studied, there was a history of loss of a parent, sibling, or mate, most often in preadolescence and frequently under 'dramatic' or 'tragic' circumstances; and that this loss, in many cases, was followed by 'premature and excessive sexual activity, sometimes of a homosexual nature', giving rise to feelings of guilt.

One aspect of their study is described by Shneidman and Farberow in sufficient detail to warrant a more specific methodological comment. This is the application of the Mowrer Discomfort-Relief Quotient technique to suicide notes and to simulated notes written at the authors' request by persons who were matched with the suicidal cases in terms of age and occupation. The technique was originally developed by Mowrer (or rather, by Mowrer and Dollard) as a

means of analyzing social case records to determine shifts in the degree of tension shown by the client and thus to facilitate evaluation of the 'movement' in casework treatment. Essentially the technique consists in classifying 'thought units' into those which are characterized by 'tension', those which indicate 'relief', and those which are 'neutral'.

Shneidman and Farberow found that the 'total number of thought units' was 'significantly higher' in the genuine than in the simulated suicide notes. 'Discomfort' statements (expressing guilt, blame, tension, aggression, etc.) were more frequent among the genuine note writers, but there was no difference in the number of 'relief' statements (which were pleasant, warm, loving, and which denoted relief from tension). The most pronounced difference between the genuine and the simulated notes concerned the 'neutral thought units' which were much more numerous among the former. These neutral thought units were 'mostly statements giving instructions and admonitions and sometimes listing things to do'. This finding is interpreted as indicating that 'only the genuine note writer deals in this connection with the idea of his really being gone'. The authors here point to a distinct contradiction between the 'decision to die' and the attempt to exercise power over the future. Their interpretation of the greater number of instructions and admonitions in the genuine notes is plausible, and the theme of logical contradictions is developed by them more fully in their paper, *The Logic of Suicide*. However, no convincing reasons are offered to justify the comparison of genuine suicide notes with simulated ones written under obviously artificial conditions.

Another paper by Farberow and Shneidman, *Suicide and Age*, presents a statistical analysis of suicide notes on the basis of categories derived from Karl Menninger's discussion of suicide in *Man Against Himself*. The 'wish to kill' and the 'wish to be killed' were less frequent among the older than among the younger note writers, whereas the reverse held true for the 'wish to die'. With some minor differences, this finding applied to both sexes. While this is interesting as far as it goes, and appears theoretically plausible, the fragmentary manner in which the data are treated is somewhat disappointing. No statistical information is provided about any aspect of the notes except their classification with respect to the Menninger categories and to the writers' age and sex. This study strikes the re-

viewer as semantic and clinically inconclusive. The authors' verbose description of therapeutic measures seems schematic and lacking in true clinical quality. A certain lack of editorial integration of the volume is apparent in the fact that this article contains no reference to Batchelor's more clinical paper, *Suicide in Old Age*, or vice versa.

The contributions by Henry and Short, by Ferracuti, and by Silving are primarily concerned with sociological aspects of suicide. Perhaps the most interesting in this group is Silving's, *Suicide and Law*, which gives a historical review of the treatment of suicide in legal and religious systems. The authors of these sociological papers all share an essentially psychodynamic orientation, as distinguished from the Durkheim tradition.

The second part of the volume deals with clinical aspects of suicide. One of these papers, by Moss and Hamilton, has already been mentioned. It is based on a study of patients who had made serious suicidal attempts and were saved only 'by chance'. The authors offer some very pertinent comments concerning various phases in the treatment of suicidal patients, particularly on the handling of the reactivation phase in which suicidal impulses become strengthened under conditions of apparent improvement. Schechter's paper, *The Recognition and Treatment of Suicide in Children*, deserves special mention; it provides a concise and excellent discussion of the dynamics underlying suicidal attempts in childhood. His remarks concerning the probable reasons for low suicide rates among children, as well as his suggestions for therapy, are very constructive.

Notwithstanding the high quality of some contributions, the overall value of the book is weakened by the incomplete and fragmentary manner in which most of the topics are treated. A smaller number of more exhaustive studies, based on direct clinical observation rather than on semantic speculations, might have made for a more useful and more cohesive volume.

PAUL FRIEDMAN (NEW YORK)

THE EDUCATION OF YOUNG CHILDREN. By D. E. M. Gardner. New York: Philosophical Library, Inc., 1957. 118 pp.

This little book gives an understanding approach to the 'whole' child in the nursery school setup. It is couched in simple terms and is written primarily for teachers of nursery schools. Typical of its

philosophy is the introduction: 'We have at least learned that it is no use trying to educate a hungry or sleepy child or one suffering from physical discomfort or pain. I think we have learned too that we cannot educate a very unhappy child or one who is even temporarily in the throes of jealousy or anger or mourning. We are also coming more and more to realize that emotional satisfactions lie at the root of all intellectual interests.'

Observations from daily nursery life deal with various topics: feelings, interest in other children, the equipment needed for learning and mastering. The various activities important to the young child are all stated simply. The particular abilities and insights which would make for a good nursery teacher are also indicated.

ANITA I. BELL (NEW YORK)

THE NEUROLOGIC AND PSYCHIATRIC ASPECTS OF THE DISORDERS OF AGING.

Association for Research in Nervous and Mental Disease, Volume XXXV. (Proceedings of the Association, December 9 and 10, 1955, New York, N. Y.) Baltimore: The Williams & Wilkins Co., 1956. 307 pp.

This volume contains the papers read at the 1955 meeting of the Association for Research in Nervous and Mental Disease. The larger portion is devoted to neurological changes occurring with the aging process, and deals with age pigments, cellular inclusions, calcium deposits, basal metabolism, oxygen consumption, falling out of neurons, and so forth. It is concluded that all of these varied considerably and none could specifically show the degree of aging, though all were generally progressively effected by the process.

Also from the organic point of view an interesting paper was given on animal experiments. When mice were given food rich in all essentials but insufficient for general body needs, their life span could be as much as doubled. It was recalled that over fifty years ago, it had been observed that tumors could not be transplanted into underfed rats. The underfed rats were also more slowly affected by chronic diseases. We cannot draw conclusions as regards humans from this, but it calls attention to the fact that much is unknown about aging and that possible discoveries may be imminent to prolong life aside from just controlling infections.

Another paper dealt with the changes noted in intelligence tests.

Observations made some twenty-five years ago that intelligence began to decrease from the early twenties is at last shown to be faulty. The erroneous results were believed to have been obtained from testing only certain categories, and not testing the same person at different ages. Even though more credit is given to intelligence in the middle and early later years, it is still apparent that this area is deficiently explored. Further tests are needed to attempt to weigh such things as judgment, experience, control of impulses, reality testing, self-knowledge, and so forth, which play such a large part in the individual's adaptation and his general capacity to think clearly and make good decisions, which, after all, is the primary function of his mind.

There was considerable discussion about the large numbers of people reaching advanced age, and the prolonged dependency period of adolescents and young adults with its further burden on the middle-age group. Several chapters were devoted to the problem of the arbitrary sixty or sixty-five-year age of retirement. Some people plan and look forward to this age for giving up work, but most of them do not, and many wish to continue. However, our rigid social attitudes often prevent this. In one study it was estimated that at sixty-five only about forty percent of those employed were doing inferior work because of illness, limitation by their physicians, or just slowing up. Many of them could do lighter work. Some companies are tending to keep on employees after retirement age for the simple reason that it saves them expenditure on pensions. This factor alone has caused them to spend considerable time in studying the aged employee.

There was little constructive thought in these papers on how to meet this problem of compulsory retirement. They were mainly devoted to descriptive and statistical data. It would seem to this reviewer that some long-range planning really has to be done in our entire educational system to train people to prepare for their financial support in old age through various insurance measures within their financial reach, to train them perhaps in diversity of skills and interests, and to educate the general public regarding their problems. Little was said about the possible role of local and national government or private enterprise in providing housing, supervision, recreation, and work retraining projects for the partially handicapped.

A report was given of an interesting panel discussion regarding acute breakdowns in the elderly. It was said that these were too easily ascribed to arteriosclerosis. Many were due to the marked traumata of old age:—death of close family members and friends, retirement, physiological impairment, and fears of helplessness and ego impairment. Retirement was compared to major transitions in life, such as adolescence, marriage, children, new job, promotion, immigration, or disaster. It was also compared to bereavement or grief in the loss of activity, social isolation, loss of income, and changes in social and family status. It was pointed out that many of these same difficulties were also encountered in earlier age periods, but rarely as many together. The aged stood their individual traumas remarkably well. There was little difference between their reaction and that of the younger age group. It was the mass of different problems that broke them.

The reference value of this collection of papers would have been much enhanced if it had been divided into two monographs, so that the part devoted to social and psychiatric problems could have been expanded more fully. The amount of space given over to slides, graphs, pictures, and descriptions of organic changes is too far removed from the social and psychiatric features.

This monograph presents some interesting material as a starting point, but aging is a social problem of the first magnitude which requires great thought and planning. The aged must have more respect and attention in our society where youth, brawn, and energy have held too much dominance over character and experience. We must concentrate and specialize on the organic and psychiatric aspects of aging. The former may take a long time to solve; the latter cries for changed attitudes and immediate measures in understanding and management.

JOSEPH W. OWEN (NEW YORK)

ELEMENTS OF PSYCHOLOGY. By David Krech and Richard S. Crutchfield. New York: Alfred A. Knopf, Inc., 1958. 694 pp.

This handsome and impressive textbook, intended for undergraduate students, arrives at a time when the reviewer has been appraising a number of similar publications with an eye to selecting a text for several of his college courses in psychology.

Psychoanalysts or analytically-oriented psychologists who have taught courses in general psychology will appreciate the importance of providing students with an 'overview' of the entire field of modern psychology and of its historical background, while chafing nevertheless at the restrictions imposed by the average text. When some of the students are potential 'majors' in psychology, a reasonable amount of reading (and thought) may be expected of them. But when the students are taking a course or two in psychology for 'cultural' reasons (i.e., to meet academic requirements for a degree) and when their first course in psychology is also their 'terminal' one, the professorial dilemma is sharpened and even the selection of a text becomes difficult.

Until recently, this reviewer has avoided the use of formal textbooks, preferring instead one of the several anthologies which make original and significant papers available to those students (the majority) who have not yet developed the habit of reading psychological journals in libraries. Although the mechanical eclecticism and spoon-feeding which are characteristic of the average textbook may thus be avoided, the work of the course falls entirely on the teacher; and he will probably have to labor harder (and learn more) than if he were assigning so many yards of reading each week from a text. Worse, there is even the greater danger of riding one's own hobbies and failing to provide the 'overview' and perspective which beginning students should properly receive.

The recent volume by Krech and Crutchfield is superior in many respects to several of the books which have become standard texts in introductory psychology. It surveys every aspect of academic psychology in a pleasant and mature style, and with the use of pertinent illustrations. The summaries, glossaries, and references have been compiled with great care; important experiments, classical and modern, are summarized in attention-catching 'boxes'; and the entire book is a testimonial to the scholarship and skill of the authors. Nevertheless, this text must inevitably be too long and too detailed for students whose first course in psychology will also be their last; and, like most texts of such generous scope, it introduces the techniques of automation into the art or craft of teaching. For students with a long-range interest in psychology, however, this would be a very satisfactory text.

SYSTEMATIC SOCIOLOGY. An Introduction to the Study of Society. By Karl Mannheim. Edited by J. S. Erös and W. A. C. Stewart. New York: Philosophical Library, Inc., 1958. 169 pp.

This posthumous publication, based on lectures delivered at the London School of Economics between 1934 and the end of World War II, has been conscientiously edited by two of Mannheim's former students.

Justly renowned for his contributions to the sociology of knowledge, Mannheim concerns himself in the present study with a synthesis of the various sciences of man. In a meaningful if tentative manner, he attempts to correlate the findings of modern psychology with the methods and schools of sociological analysis. His general orientation is epitomized in the following words: 'My view is that analysis of politics without psychology is quite inadequate. But on the other hand, psychology alone is insufficient because psychology has a very important limitation: it tends to cut out the social factors, such as the development of institutions and of the technical apparatus of society and it neglects economic pressures and the needs and influences arising from strategic and military factors to which a society is exposed.'

Viewing behaviorism, psychoanalysis, and Marxism as 'partial analyses', rather than whole systems, Mannheim was 'trying to use the result of the investigations of all three, to obtain a more adequate picture of the working of society'. Whether or not such a heroic synthesis is even possible, Mannheim's prolegomenon to a science of man and society will come as a welcome relief to those who have been surfeited with the statistical compulsion of modern sociology.

Empiricists in the social sciences will find this book rather more eclectic and philosophical ('speculative') than their own techniques of investigation would allow. Nevertheless, an octopoid eclecticism has been avoided, and the results are truly systematic and rewarding.

S. H. POSINSKY (NEW YORK)

ENTFALTUNG DER PSYCHOANALYSE (The Unfolding of Psychoanalysis). Edited by Alexander Mitscherlich. Stuttgart: Ernst Klett Verlag, 1956. 276 pp.

This book includes contributions by Franz Alexander, Erik H. Erikson, Heinz Hartmann, Eduardo E. Krapf, and René A. Spitz which

are already available from other sources, informative surveys of the latest developments in psychoanalysis, and several significant original papers which are published here for the first time.

Mitscherlich's *Aggression and Adjustment* contains a very comprehensive analysis of the impact on the structure of the individual of the changes in the structure of our society. Factors such as technical progress, increase of population, the loss of accepted values, have brought new and challenging demands for adjustment which result in a decided inadequacy of all interpersonal institutions. The individual, in an effort to protect himself against the all-pervading anxiety thus created, erects an enormous security apparatus which leads to ever-mounting aggression and increasing libidinal depletion. The task of culture, as Mitscherlich sees it, is to force the death instinct to serve eros.

In his critique of psychoanalysis, Mitscherlich indicates that Freud failed to consider adequately the specific demands of the external world, by which instinctual control is determined. Inadequate instinctual control, for example, could possibly be viewed as due to a premium society might place on uninhibited instinctual gratification. Mitscherlich reproaches the analyst, who must feel the same difficulties of adjustment as his patient, for letting society lay down the norms in relation to which his cure is directed. Psychoanalysis, he believes, has not yet succeeded in bringing into synoptic view the relative 'autonomy of the social manipulations of drives and affects and the individual's specific life history, so as to permit a balance between both dynamics. . . . To reduce a patient's once experienced threat of death to the status of an infantile bogeyman, the therapeutic process would also have to eliminate the terror emanating from socially tolerated inhuman behavior.' This important problem, which has been treated before to some extent, acquires a renewed importance through Mitscherlich's observations, obviously reflecting the impact of recent political developments under Hitler, Stalin, etc. It seems to this reviewer, however, that the proffered solution—viz., the creation of the condition for a nonconformist adaptation full of creative, spontaneous activity—has always been the goal of psychoanalysis. The importance of the paper lies in the wealth of interesting formulations and observations which do not lend themselves to a brief review.

The same must be said about A. M. Becker's equally thought-pro-

voking paper, *The Structure of the Superego*. It represents an important contribution to discussion of this subject. The paper contains a detailed review of the vicissitudes of the various functional links of the superego, such as self-observation, ideal formation, conscience, and control of the ego, and considers their dynamic interrelationships and their dependence on environmental influences. Both papers deserve to be made accessible to the English-speaking reader.

Jeanne Lampl-de Groot's article, *Remarks on the Psychoanalytic Instinct Theory*, defines the theory of the life and death instincts and advises that, for practical purposes, the terminology of instinct theory be revised: the term 'instinct' (*Trieb*) should be reserved for psychological phenomena, and the term 'drive' (*Strebung*) for the somatic phenomena on which the instincts are based. The paper by Käte Victorius, *The 'Moses of Michelangelo' by Sigmund Freud*, points to the impact of Michelangelo's work on Freud. Schottländer's paper, *Blinking Through Images*, treats problems of identity and their dependence on projections. Interesting clinical contributions include Winnicott's *States of Withdrawal and Regression*, Zulliger's *On the Psychoanalysis of a 'Blitz' Cure*, and Gerhard Ruffler's paper, *Induction of Psychoanalytic Treatment in a Hospital*. Lebovici's *The Aspects of Early Object Relationships and the Anaclitic Relationship*, calling attention to the work of the École de Paris, and Gerhart Scheunert's *Development of the Recent Psychoanalytic Ego Psychology* are lucidly written and informative surveys.

MAX M. STERN (NEW YORK)

THE PATIENT AND THE MENTAL HOSPITAL. Contributions of Research in the Science of Social Behavior. Edited by Milton Greenblatt, M.D.; Daniel J. Levinson, Ph.D.; and Richard H. Williams, Ph.D. Glencoe, Illinois: The Free Press, 1957. 658 pp.

During the past few years much interest has developed in the sociological aspects of mental hospitals. This volume presents the papers and discussions of a Conference on Socio-Environmental Aspects of Patient Treatment in Mental Hospitals held under the auspices of the National Institute of Mental Health in Boston in 1956. The material is arranged in an orderly and readable manner. There are thirty-eight chapters divided into five parts: Mental Hospital Or-

ganization and Its Implications for Treatment; Therapeutic Personnel; The Ward; The Patient and the Extra-Hospital World; Conclusions.

A volume of this length can hardly be summarized in a relatively brief review; a few points, however, may be made. Smith and Levinson, in *Major Aims and Organizational Characteristics of Mental Hospitals*, suggest that the new goal in an organization is to permit 'the good effects of patients upon each other to be maximized', emphasizing the sensitiveness of patients to their milieu. They offer the startling suggestion that perhaps 'the traditional designation of mental hospitals as medical institutions is hindering their full development along new conceptual lines'. Gilbert and Levinson discuss 'custodialism' versus 'humanism', indicating by the former the traditional viewpoints and policies, and by the latter an 'attempt to recognize the individuality of each patient and to create a setting meeting a wide range of human needs in both patients and personnel'.

Several papers may be particularly commended—Jules Henry's *Types of Institutional Structure*; Talcott Parsons' *The Mental Hospital as a Type of Organization*; Morris Schwartz's *What is a Therapeutic Milieu?*. Maxwell Jones and Robert Rapoport contribute an interesting chapter on the absorption of new doctors into a Therapeutic Community, and T. P. Rees presents a brief paper on the psychiatric patient, the mental hospital, and the community.

One of the most valuable papers is that by J. Sanbourne Bockoven, *Some Relationships Between Cultural Attitudes Toward Individuality and Care of the Mentally Ill, An Historical Study*. He concludes that endeavors to improve the quality of care in mental hospitals are not likely to be successful or lasting unless they are part of a larger endeavor, namely, one which aims at establishing individuality as the primary value in our society.

Other papers of interest are by Paul Barrabee on the aged psychotic; T. Lidz, G. Hotchkiss, and Greenblatt on patient-family-hospital interrelationships; J. L. Dothan, D. Kantor, and Otto von Mering on volunteer movements; and Greenblatt on the movement from Custodial Hospital to Therapeutic Community. The volume concludes with a chapter by Levinson, *The Mental Hospital as a Research Setting: A Critical Appraisal*. 'It is hoped', he says, 'that theoretical contributions . . . will take their place alongside the more

practical contributions to therapeutic practice, as the major achievements of future work in this field'.

WINFRED OVERHOLSER (WASHINGTON, D. C.)

THE DISSOCIATION OF A PERSONALITY. A Biographical Study in Abnormal Psychology. By Morton Prince, M.D., LL.D. New York: Longmans, Green and Co. Reissued 1957. 575 pp.

Morton Prince (1854-1929) was Professor of Nervous Diseases at Tufts from 1902-1912. He was the founder and editor of *The Journal of Abnormal Psychology*. His other major books include *Nature of Mind and Human Automatism*, *The Unconscious*, and *The Psychology of the Kaiser*. His famous hypnotic investigation and treatment of Miss Beauchamp were carried on from 1898 to 1903 and first published two years later. For his contemporaries the thoroughness and resourcefulness with which Prince approached his patient must have seemed a tour de force; it has remained the classic example of a multiple personality. The three major personalities and two 'subconscious' states are traced from their clinical origin, correlated with each other, and sketched in a biographical format. Recorded observations of speech, handwriting, and automatisms are used to delineate the personalities vividly; three contrapuntal dissociations tempted Prince to think of them as 'The Saint, The Woman, and The Devil'.

B I, or Miss Beauchamp, was 'the typical saint of literature'. B IV, the Woman, had as her idea in life the accomplishment of her own ends regardless of the consequences to others or the means employed. B III, or Sally as the Devil, was a mischievous imp rather than an immoral devil, whose pranks caused the moral suffering of B I and the social difficulties of B IV. B I had poor health; B IV was capable of mental and physical exertion much beyond the powers of B I without ill effects; B III had never known pain. These three personalities and the two 'subconscious' states, B IA and B IVA, existed simultaneously as well as alternately and were capable of independent activity unknown to the main stream of consciousness. Such dissociations were considered to be the result of strain and painful experience, but no indication of any specific, dynamic cause-and-effect influences illuminate the account. The author takes pains to dissect these personalities from the educational and artificial in-

fluences that might ordinarily be expected to shape character and memory, ostensibly estimating these points as most vulnerable to criticism. Through exhortation, posthypnotic suggestion, and provocations the dissociations are merged: first B I and B IV become the same person, and finally B III becomes aware of B IV.

Almost the entire emphasis in this volume is on the mechanistic switching of the personalities and upon the demonstration of them as discrete entities co-existent with primary consciousness. The equivalent of a synthetic ego is alluded to as operative in the hypnotic synthesis, but none of the broad, encompassing functions that we are now familiar with are explored.

Despite the semblance of an environmental approach, this study remains a static description of psychopathology. The present-day reader will be frustrated by the dearth of biographical history; a bare three or four sentences give a fragmentary glimpse of the patient's first thirteen years. Though the need for discretion and the maintenance of confidence are given as reasons for the omission of identifying information, actually the anamnesis is not seen as etiological or of more than anecdotal value. Much is made of the conflicting modalities among the personalities, but practically nothing is given to account for the transient ascendancy of one over another. The treatment also is an empirical and speculative rendering of suggestion and transference manifestations in a hypnotic setting. But as a pioneering study of a multiple personality, it stands as a milestone in psychopathology and is enhanced by the scholarly attention to detail and the apparently successful outcome.

GERALD HILL (SAN FRANCISCO)

INSTINCT IN MAN. In the Light of Recent Work in Comparative Psychology. By Ronald Fletcher, Ph.D. New York: International Universities Press, Inc., 1957. 348 pp.

This is an abbreviation of the thesis which Dr. Fletcher submitted for his doctorate at the University of London. His objective is to establish in the context of wider sociological theory a reliable basis of instinct in psychology. Without firsthand acquaintance with psychoanalysis he has no qualms about comparing psychoanalytic instinct theories with the established knowledge of animal instinct as studied by the ethologists.

An excellent historical rendering of the early doctrines, from Darwin and Lloyd Morgan through McDougall and Drever, precedes his account of the recent work of the comparative ethologists, mainly Lorenz, Tinbergen, and Thorpe. The concepts of the ethologists have striking psychoanalytic counterparts. The biophysiological approach is explicit in Tinbergen's definition of instinct as 'a hierarchically organized nervous mechanism which is susceptible to certain priming, releasing and directing impulses of internal as well as external origin, and which responds to these impulses by coördinated movements that contribute to the maintenance of the individual and the species'. The ethologists conclude that there is no evidence of a general 'aggressive instinct' among animals.

In an excellent synthesis Fletcher presents a contemporary theory and classification of instincts which is at variance with Freud. He begins with the instincts proper (the primary impulses) having a definite inherited neurophysiological basis, proceeds to the general instinctive tendencies (the ego tendencies), and concludes with the secondary impulses (containing the elements of inhibition and aspiration derived from the superego).

The author assiduously refutes the concept of the death instinct. Ethological evidence is marshaled to undermine Freud's 'necessary postulate'—the special application of Fechner's principle that the function of the nervous system is to reduce to the lowest level excitations reaching it. What Freud sees as instinctual in sadism and aggression, Fletcher describes as an ego tendency. He feels that Freud confuses questions relating to human psychology with others relating to genetics, embryology, and the mechanisms of organic evolution. Had Freud followed up his original classifications of instincts as to sources and aims, which parallel those of comparative ethologists, he would not have needed to postulate a duality between two basic groups of instincts in order to explain intrapsychic conflicts. Fletcher feels that it is conceptually incorrect to regard instinct as 'making demands' on the central nervous system; rather the demands are upon the ego. He also disagrees with Freud's view of the phylogenetic continuity of the content of the superego as essentially Lamarckian and states that it can be explained by social tradition and familial transmission of affective symbols, a view shared by Rapaport and others.

The author does psychoanalytic thinkers the service of pooling

independent observations into an organized scheme of instincts. Though the nirvana principle does not die so wishfully, Fletcher's synthesis is a logical and cogent demonstration that Freud's views of instinct are otherwise in consonance with independent studies.

GERALD HILL (SAN FRANCISCO)

THE PSYCHOLOGY OF SEXUAL EMOTION. The Basis of Selective Attraction. By Vernon W. Grant, Ph.D. New York: Longmans, Green and Company, 1957. 270 pp.

This is neither a psychoanalytic book nor can it be called scientific in the strict sense of the word. Yet anyone interested in the psychology of sex will find some interesting material in it. The author reports on a great deal of old literature which has almost fallen into oblivion. He provides a colorful picture of the chaos of ideas regarding sex which existed at the time when Freud wrote his *Three Contributions to the Theory of Sex*. We learn about some speculations which are not only interesting in themselves but also remarkable as expressions of the psychology of the authors.

Dr. Grant states, 'There are two sex motives, unlike in quality, in duration, and in expression. One of these, here called "amorous", is an urge to possess in a complete, intimate, and lasting sense, manifested physically in nongenital contacts.' He calls the other sex motive 'genital-sex desire'. These conclusions are neither proven nor satisfactory. Yet without agreeing with his conclusions, Dr. Grant's book can be appreciated.

FRITZ SCHMIDL (SEATTLE)

PSYCHIATRY AND THE CRIMINAL. A Guide to Psychiatric Examination for the Criminal Courts. By John M. MacDonald, M.D. Springfield, Illinois: Charles C Thomas, 1957. 227 pp.

The analyst or psychiatrist specializing in the study of the 'criminal' may not gain much new information from this book which is intended more as an introduction to psychiatric criminology than as an account of it. The book is a guide to psychiatric examination for the criminal courts. It contains a careful and extensive bibliography which includes the analytic literature.

MARTIN GROTJAHN (BEVERLY HILLS)

THE NEUROSES AND THEIR TREATMENT. Edited by Edward Podolsky, M.D. New York: Philosophical Library, n.d. 555 pp.

The editor of this anthology aims at a comprehensive survey of the neuroses and their treatment for the medical practitioner. More than forty papers are reprinted from authors who are recognized experts in their various fields. In an attempt to cover such a vast field the material is spread extremely thin. The topics range from allergies to phobias, from psychotherapy in infancy to the handling of senility, from all kinds of psychotherapy to electroshock, from psychopharmacological aids to lobotomy.

The reprints contain neither reference to the original publications nor to the authors, nor is a bibliography given. A brief foreword shows lack of style, orientation, and structure.

MARTIN GROTHJAHN (BEVERLY HILLS)

ABSTRACTS

International Journal of Psychoanalysis. XXXVIII, 1957.

Oral-Digestive Superego Aggressions and Actual Conflicts in Peptic Ulcer Patients. Angel Garma. Pp. 73-81.

The genesis of peptic ulcer is re-examined. Garma believes that actual (external) conflicts reactivate a basic underlying problem, the oral-digestive internal aggressions of the representations of the bad internalized mother. He rejects Alexander's theory that ulcer depends on a repressed elemental wish toward the mother, a regressive expression of the repressed wish to be loved by and dependent on her. The internalized bad mother expresses her aggressions in the prohibition of 'good food', the forcing of 'bad food' on the patient, excessive tonic and peristaltic contractions, and other corroding and damaging consequences.

Utilization of Social Institutions as a Defense Technique in the Neuroses. Samuel Novey. Pp. 82-91.

Some neurotics use social institutions such as religion as part of the defensive system against anxiety. Such institutions, as Hartmann has said, can be used to channelize other tendencies besides projection and sublimation. Man created these institutions as aids for coping with his inner impulses and his external physical environment. The social institution aims to channelize instinctual energies into sublimatory, group-approved activities, and thus to enhance object relationships. The neurotic who weaves the institution into his defensive system in nonsublimating fashion presents a difficult problem because the defense becomes rationalized as an expression of the social institution, and is clothed with virtue and righteousness. The relevance of these postulates to clinical practice is explored in the analysis of an obsessive man, a devout Catholic.

Dream Interpretation in the Talmud. Sandor Lorand. Pp. 92-97.

In the Babylonian part of the Talmud, compiled from about 200 B.C. to 300 A.D., there are two hundred seventeen references to dreams. These include such topics as the origin of dreams, their purpose and meaning, wish fulfilment, relation of dreams to reality, and the technique of interpretation. Dreams were believed to stem from external sources (God or demons) or internal (psychological) sources. The Hebrew concept of man's struggle between his good and his immoral, or impure, impulses found expression in these Talmudic references to dreams.

On the Origin of Man and the Latency Period. Lajos Szekely. Pp. 98-104.

Freud and others, notably Hans Lampl, have indicated that the existence of a sexual latency period is not only an exclusively human phenomenon, but that perhaps 'the evolution of the latency period [is] the pivot of the question of

man's origin'. Under what conditions, phylogenetically, has the latency period emerged? Study of apes reveals relevant data. The male ape, in sharp contrast to males of lower species, is sexually excited or excitable eighty to ninety percent of the time. His retention of the sexually attractive (œstrual) and fertile females depends on his ability to dominate the younger 'bachelors', to keep them at a distance from the more desirable and exciting members of the harem. Those 'young bachelors' who challenge the dominant male to combat before reaching full physical (not sexual) maturity are not only worsted physically in the battle: they are also likely to suffer disturbances of potency thereafter, as revealed in sex play or actual coitus with nonœstrual females. On the other hand, the bachelor who, though sexually mature, postpones such battle until his physical development insures victory over the aging dominant male of the herd will emerge not only dominant but sexually potent. Thus status, leadership, and propagation are the prizes for successful control of libido directed toward attractive females and postponement of aggression against the dominant male. Sexual selection therefore favors those best able to tolerate tension and postpone the discharge of their instinctual impulses, those who can best master their libido and their aggression. 'The descendants of this herd may develop an ego organization, with its inherent hostility to instinct.'

Œdipus and Samson. The Rejected Hero-Child. A. J. Levin. Pp. 105-116.

Myths of exposure of the child who later wanders and ultimately becomes a hero (Œdipus, Moses, Cyrus, and others) made life more tolerable in an atmosphere of rejection. (In our times, Cinderella and the Ugly Duckling serve a similar purpose.) The myths of Samson and Œdipus are related in various ways. Both lose their eyes, vanquish a beast, and function in 'megalomaniac and authoritarian fashion'. Samson destroys a temple, Œdipus crashes through the doors to find Jocasta hanging. The shaving of Samson is paralleled by the hairlessness of Hercules (in the sea monster episode) who is related to Œdipus as a sun hero. In both myths there is a plague. Levin discusses these and other resemblances. 'Myths are psychodynamic evolutions and therefore records of primitive history. Myth interpretation and history interpretation are allied.'

An Irish Legend as Proof of Freud's Theory of Joint Parricide. L. Veszy-Wagner. Pp. 117-120.

In an Irish legend three brothers have intercourse with their sister the night before they attempt to kill the king, their father; but they are themselves killed by him. The son resulting from this triple incest has intercourse with his mother, but the inference is that he represents his grandfather, the king. The legend is offered as an almost 'flawless mythological example supporting . . . one of Freud's sociological hypotheses'.

A Re-Evaluation of Certain Aspects of the Theory of Instinctual Drives in the Light of Modern Ego Psychology. Samuel Novey. Pp. 137-145.

Current theoretical concepts regarding instinctual drives lag behind clinical developments in ego psychology. If the theory of instincts is to include the psy-

chic representation of all sources of inner need or stimuli, the energetic sources of the organizing and synthesizing operations of the ego must be included. Novey surveys the development of instinct theory in Freud's works from 1914 to 1949. Reich's Character Analysis and Nunberg's Synthetic Functions of the Ego were early significant papers on ego psychology. Increasingly, ego disturbances were viewed as playing a role in the production of neurosis. Both integrative and repressive ego functions began to receive attention in the analysis of character disorders. Just as the id is subject to the impact of reality, with a potential for secondary process and subservience to the reality principle, so also the ego may be conceived as having a primary potential of energy, as is implied in the concept of the autonomous ego. 'To assume an *Anlage* of the ego in the undifferentiated ego-id, we must assume it to be endowed with drive energy.' These sources of ego energy presumably arise from Eros. The earlier formula, according to which only the id invests energy in the ego, is incorrect, even though some ego energy (libidinal and aggressive) does derive from the id. In this newer definition, Novey re-introduces the concepts of sexual libido and ego libido as variable aspects of Eros or the life instinct.

The Ego Aspect of Transference. Max M. Stern. Pp. 146-157.

Transference serves a dual purpose: gratification, and defense against trauma. The latter function lies in the individual's attempt, in the transference relationship, at reparative mastery of the traumatic failure of his infantile dependent period. In this scheme, the mental apparatus is conceived as a safeguard with the crucial function of maintaining homeostasis (overcoming the destructive effects of trauma) in a way strictly analogous to Selye's theory of disorganization and physiological shock. In both physiological and psychological trauma, counter-shock mechanisms are mobilized. Infantile traumata therefore are instrumental in creating the base for future transference.

Some Notes on a Dying Patient. Beryl Sandford. Pp. 158-165.

Sandford raises questions regarding the ways in which patients 'use' illness, including malignancy. Thirty-seven at the time analysis began, this impoverished man presented profound obsessional, paranoid, and delusional material. Only after seven years of analysis could he renounce the governmental financial benefits on which he had for many years subsisted and undertake a business venture in which he quickly achieved considerable success. Within a year thereafter he developed lung cancer from which he died in a matter of months. The analysis strongly suggested that he had 'split himself and his mother into two: the external good all-supplying breast (his successful business), and the internal bad cancer breast. When he felt that the destruction (of the bad inside) was complete within, he could say "all is now goodness" and became one with the ideal mother' (in death). Lewin's work on elation is relevant here: terminal ecstasy, sleep, and the libidinization of death meant to this patient being blotted out in perfect union with the mother.

On the Theory of Psychoanalytic Treatment. Thomas S. Szasz. Pp. 166-182.

The concepts on which analysis rests have not kept pace with advancing knowledge, and are in some respects unscientific. To be truly scientific, analytic concepts, like those in any other field, require agreement about fundamentals, well-defined methods of investigation and observation, frank sharing of observations with colleagues, and checking of the validity of new data with consequent integration into or rejection from the balance of the body of the science. The true scientific attitude excludes 'practical application' or 'usefulness' as goals, and seeks only extension of understanding. Szasz points out various unscientific aspects of analytic theory and practice. The word 'psychoanalysis' itself, for example, is used loosely to include situations differing considerably from Freud's original formulation, which corresponds closely to Eissler's 'primary model technique'. The ways in which rules define a situation, analytic or other, are illustrated by analogy with chess. The relatively rigid rules and organization of both these situations do not preclude infinite variation within the framework of those rules. There is mutual interaction between the participants; both situations require certain definable basic endowments or characteristics for the participants.

As with chess, the final goal of analysis is inherent in the technique of the treatment. Influencing the patient by treatment evolves into the goal of the patient's adopting a progressively more scientific attitude toward himself and his relations with others. This goal is inherent in the technique of analysis and is not a matter of choice for either analyst or patient, and the analytic process is intrinsically interminable. Various implications concerning training analysis as compared with therapeutic analysis are discussed.

Comments on the Analytic Situation. Nils Haak. Pp. 183-195.

It is important to identify and utilize the veiled transference reactions that appear in almost every hour, sometimes concealed behind rationalization. Some analysands lay clever countertransference traps for the analyst. Deviation from analytic neutrality is tempting but always dangerous. Emotional stress on the analyst is heavy, and may be reflected in difficulties in the handling of the transference neurosis. Patients usually have magical expectations, which Nunberg considers an essential part of the 'will to recovery', but which can be a source of serious difficulty if not adequately analyzed. Another potential trap is the testing of the analyst in various ways.

Technical Remarks on the Handling of the Transference Neurosis. S. Nacht. Pp. 196-203.

Analysis becomes interminable when the patient is intrinsically incurable or when technical errors have occurred. For example, the analysand may find in the transference excessive satisfaction of instinctual tendencies, in some instances because of the analyst's unconscious need to 'feed' him in this way. Moreover,

any departure in the first stage of analysis from strict neutrality, even to the extent of wanting to cure the patient, 'must be curbed', as it may arouse opposition from the patient who is unready to surrender his neurosis. But when much of the preliminary work has been completed, it is essential for the analyst to orient the analysand toward reality, to treat him as a fellow adult, to steer him away from preoccupation with the transference neurosis, and to stimulate him to act on what he has learned. Nacht sees the analyst's kindness and love as the essential point in enabling patients to surrender the neurosis. 'The rest', he believes, 'is only secondary'.

Oral Invasion and Self-Defense. Richard F. Sterba. Pp. 204-208.

Anna Freud has suggested that negativism sometimes serves to protect one's identity: to love would mean a kind and degree of oneness with the love object that is equated with obliteration, loss of self. Under such conditions negativism is a defense against masochistic surrender on an oral-passive level. Two cases demonstrate a fear of penetration by the breast or nipple, and the fear of being filled with 'mother substance' which would replace the self.

A Comparative Study of Psychoanalytic Ego Concepts. Edoardo Weiss. Pp. 209-222.

Federn's concepts of the ego resemble Freud's, but they also differ in some important respects. Weiss discusses their respective formulations in regard to such questions as origin of the ego, theoretical versus 'factual' orientation, significance of the drive for mastery, 'ego feeling', and the relation of the ego to the preconscious. Freud and Federn especially disagree on the unconscious portion of the ego. For Freud the ego was primarily body ego; for Federn, a mental ego preceded a body ego. Weiss discusses the implications of the word 'self'. Hartmann and his co-workers agree with Federn that ego autonomy rests on the concept that ego cathexis is composed of libidinal and aggressive energy. Unlike Federn, they reject the idea of a death instinct. Federn's introspective approach to the ego has no parallel in respect to the id and the unconscious part of the superego. This does not alter the validity of Federn's opinions about the ego.

Weiss suggests that the different meanings attributed to the word 'ego' contribute to grave variations between groups of analysts. He urges a more precise use of terms for clarity, and he considers Federn's concepts of the ego most valid.

Contribution to the Problem of Psychopathological Stratification. Heinrich Racker. Pp. 223-239.

The author illustrates with clinical material a scheme of 'levels'. Early frustrations constitute the deepest level, a primary depressive situation. The next stratum, a libidinal bond to a frustrating object imago, is the first paranoid situation, which elicits identification with the persecutor (primary manic situation). This leads to the destruction of the object; the secondary depressive situa-

tion is reached. Racker defines eight such strata. The succession depressive, paranoid, and manic appears twice.

'R' — The Analyst's Total Response to His Patient's Needs. Margaret Little. Pp. 240-254.

The symbol 'R' denotes the analyst's total response, conscious and unconscious, to his patient's needs. 'Total response' includes his thoughts and feelings, not merely his interpretations and behavior. Many patients, mostly psychotics or those with character disorders, cannot use transference interpretations because of an impaired sense of reality. Since they function at the level of early infancy, with primary narcissism and delusion, their needs must be met on that level. The reality of the analyst's being, his actual personality, and his spontaneous responses constitute that reality for such patients. Only through this real relationship can one 'make the patient's ego accessible to transference interpretation by breaking up a delusional transference'. Little urges experimentation with this principle, which she has found eminently successful.

Pain. Ernest Jones. P. 255.

At the peaks of intense pain, the entire self is filled with nothing but pain. The ego responds with disadvantageous tautness and apnea. Relaxation, a better response, depends on the ability to cope with the dread of destruction. Repression blocks the memory of severe pain, so that one cannot imagine it and builds no immunity to later similar experiences.

Feelings of Unreality. Brian Bird. Pp. 256-265.

In depersonalization the ego and the external world appear changed and foreign. The defensive meaning of the symptom is to repudiate conscious recognition of threatening external events which the ego cannot tolerate. In Bird's clinical illustrations, the intolerable experiences all had to do with loss. The defensive mechanism of denial also is associated with ideas of castration and loss of love objects. The sense of reality being so intimately connected with sharp distinction between the self and the outer world, feelings of unreality represent a return to fusion with mother (loss of self). Through the sense of unreality Bird's patient reduced his fear of external objects, enabling him to maintain at least a partial relationship with them. Without this 'dilution', fear would necessitate total retreat from those objects.

Differentiation of the Psychotic From the Nonpsychotic Personalities. W. R. Bion. Pp. 266-275.

According to Bion, two parts (the psychotic and the nonpsychotic) of the personality become differentiated when there occurs 'a minute splitting of all that part of the personality that is concerned with awareness of internal and

external reality, and the expulsion of these fragments so that they enter into or engulf their objects'. Bion believes real treatment of the psychotic rests on the use of this principle, and on the role of projective identification in the psychotic part of the personality as a substitute for regression in the neurotic part.

JOSEPH LANDER

Psychoanalytic Review. XLIV, 1957.

Fears and Defensive Adaptations to the Loss of Anal Sphincter Control. Charles E. Orbach; Morton Bard; Arthur M. Sutherland. Pp. 121-175.

Patients with colostomy (artificial anus) achieve a measure of control of evacuation by periodic irrigation. Such patients may develop adaptational techniques such as special foods and rest based on irrational assumptions and beliefs, affording a (false) sense of mastery and control.

A New Technique of Psychosomatic Consultations. Martin Grotjahn and Jerome V. Treusch. Pp. 176-192.

A technique of close collaboration between internist and psychiatrist is described. On the request of the internist the psychiatrist comes to the internist's office for a consultative joint interview with the patient. The psychiatrist is enabled to give an outline of the psychodynamics, deepening the internist's insight, giving him reassurance, giving opportunity for more intensive psychiatric study if needed, and providing other advantages to physician and patient.

Blame: Its Motive and Meaning in Everyday Life. Herbert Fingarette. Pp. 193-211.

'Normal blame [is] spontaneous moralistic indignation against a wrongdoer.' It frequently serves also as a means of reducing tension in those with conflict about unneutralized id drives: superego aggression is diverted outward, preoccupation with 'the sins of others' provides partial gratification of one's own comparable drives, and other gains are derived in strengthening the defenses against a delinquent (acting out) solution. With increasing maturity, blame should be replaced by insight and understanding.

Teleological Contributions of Dreams to the Waking Ego. Harry C. Leavitt. Pp. 212-219.

The relation between the reality ego and the dream is by no means limited to the matter of stimuli or expression of latent wishes. Greater understanding of dream function is achieved only if one studies the effect of the dream on the waking ego, not merely the ego's influence on the dream. Dreams often have a teleological purpose and an effect on the individual's welfare which are of vastly

greater significance than the traditional stress on dreamwork and goals suggests. The hungry man who dreams of a banquet is not only protecting sleep; on the contrary, a more effective result of this constellation is increased motivation to get real food. The dream serves to augment adaptation to reality by the ego; it is also a protector against external or internal hazard.

Freud, the Creative Scientist. Reflections Upon Some Pictures of Sigmund Freud. Joost A. M. Meerloo. Pp. 220-224.

Originality is not as important as the psychic energy one can put behind it and the ability to communicate one's thoughts to others. These abilities constitute Freud's creative and poetic quality, recognized when he received the Goethe prize for his literary and scientific masterpieces.

The Id and the Ego. Emanuel Goldberger. Pp. 235-287.

This comprehensive survey reviews the literature and contains some of the author's own contributions on the nature and functions of the id, the 'primitive' ego, and the 'abstract' ego. Goldberger examines the id's quality of awareness, and its relation to the body, emotion, perception, muscle action, repression, and dreams. He suggests that man's nonverbal mind corresponds to the id. The 'primitive ego' is emotional and verbal, functioning in primitive peoples, infants, young children, schizophrenics, and patients with various organic pathological states. He illustrates ego functions of perception, thought, action, the concept of space, the defenses against anxiety, the body image, the role and nature of shame, the nature of symbols. The primitive ego uses words to express a relationship between two visual sensory images; it lives both in the real world and in the world of magic. By contrast, the 'mature abstract verbal ego is a higher development, rarely achieved'. This part of the ego is aware of the self as subject, it can think abstractly without emotion; Goldberger believes that one can think abstractly only if the culture possesses a written language. Anxiety is not present in the abstract ego, but 'guilt plays an important role'. The ego is thus phylogenetically and culturally determined. The absence of guilt in the primitive ego is due to unawareness of the self as subject. Guilt is 'a characteristic of the highest mind of man, the abstract ego, and is therefore one of the last mechanisms to develop'. Dreams are a manifestation of the id, the primitive ego, and the abstract ego; the author believes that the abstract freudian concept of symbols in dreams or myths is fallacious. He lays major stress on the role of kinesthetic sensation in the development of reality sense and functioning. Implications for the treatment of schizophrenia and of neurosis, with special reference to the role of language, are discussed in considerable detail.

The Structure of Emotion. D. Stanley-Jones. Pp. 289-297.

Psychoanalysis and behaviorism lead to the conclusion that lust and rage, described as the two primary human emotions from which other emotions are

derived, represent and stem from man's earliest (paleolithic) adaptation to the rhythms of his primitive life. Physiologic and psychologic (libidinal) correlates are linked to their anatomic 'headquarters' and apparatus in the brain and sympathetic and parasympathetic nervous systems. The author suggests that the primary emotions are an adaptation to the activities and functions of the external rhythms of night and day.

The Psychotherapist's Continuous Evaluation of His Work. Clifford J. Sager. Pp. 298-312.

Evaluation of treatment is notably difficult, partly because of the prominence of the therapist's subjectivity in the process. Various factors playing a role in such evaluation are examined and clarified: factual data reported by the patient; observation of his automatic reactions and symptoms, his feelings and attitudes toward himself; his relationship to the therapist; his diverse communications and productions. Permanent change rests on altered conscious and unconscious conceptualization.

JOSEPH LANDER

Bulletin of the Philadelphia Association for Psychoanalysis. VII, 1957.

Resistance as a Narcissistic Defense. Paul Sloane. Pp. 1-17.

The development of a transference neurosis in analysis necessitates regression to a point of fixation. In this state the patient may experience narcissistic gratification and protection from narcissistic injury. He is acting out toward the analyst early patterns of behavior established in relationship to parental figures, especially mother. The analyst, serving as an ideal ego and as a tolerant externalized superego, permits the lifting of repression and direct expression of instinctual drives. The patient often resists abandoning this new found equilibrium, and thus a refractory transference resistance develops. The patient rationalizes his activity; he becomes compliant toward his image of the analyst; he may become skilful in provoking the analyst to assume attitudes that are favorable to the maintenance of the state of regression. He manages to convince himself that he is normal and at the same time dispels feelings of guilt and anxiety. In this manner a stalemate develops in the analysis. The analyst's task in such a case is to help the patient abandon his point of fixation. In order to do this it is necessary for the analyst to withhold any gratification. In such cases interpretation is often insufficient, and it may then become necessary for the analyst to employ silence as a means of withholding gratification or even to indicate a loss of interest in the case. Such a position on the part of the analyst may reverse the patient's alloplastic tendencies and arouse the feelings of guilt and anxiety that must be accessible for working through as a prerequisite to progress in the analysis.

The principal discussants of this paper included Drs. Waelder, Flumerfelt, Katan, and Marcovitz. It was the consensus that the problems to which Dr. Sloane

referred are certainly present in some patients, but not in all. When these problems are present, they tend to represent extreme situations. It was pointed out that frustration is not sufficient in all cases. The frustration technique described by Dr. Sloane was differentiated from 'role taking' psychotherapy.

Alarm Dreams. Sandor S. Feldman. Pp. 45-49.

Feldman describes his own dreams and dreams of another adult and a child. He calls them 'alarm dreams'. 'They are anxiety dreams and are manufactured for the purpose of awakening the sleeper at an *intended time*, or in order to awaken the sleeper from a *genuine* anxiety dream situation.' Feldman differentiates these dreams from Freud's 'alarm clock dreams' and Ferenczi's 'dirigible dreams'. 'In the "alarm dreams" the system Pcs gained dominance over the system Ucs by a hypercathexis of one part of the Pcs system over the other part.'

The Shift of Object in Regression. Martin H. Orens. Pp. 56-61.

Orens's patient used regression as a defense against œdipal anxiety. In his states of regression, separation appeared as a process of birth from his father rather than from his mother. Pregenital fixations affect genital conflicts. It is suggested that 'when a person regresses from the œdipal situation and has pre-œdipal fantasies, the content and meaning of these may well be determined in large part by the conflicts of the œdipal areas from which the regression took place'. In the patient under discussion, the fantasy of separation or birth from father may be understood as a regressive fantasy, colored by œdipal experience in which the patient eliminated his mother as an object because she was the more dangerous parent, and also because his libidinal attachment to her placed him in rivalry with his father. In his pregenital regressive state he still avoided mother as the object, choosing father instead, as he had in the œdipal situation.

Legal Guilt and the Unconscious. Werner Hamburger. Pp. 62-65.

Hamburger's patient began analysis after being indicted for molesting a little girl. The patient persistently denied being guilty as accused, but nevertheless manifested extreme feelings of guilt. Analysis revealed strong œdipal guilt stimulated by the legal accusation. The 'incident' of which the patient was accused, if it occurred in actuality, may have been precipitated to furnish a factual basis for the unconscious œdipal guilt. A 'guilty reaction' to a legal accusation may be very difficult to evaluate because of the unconscious factors that may contribute to it.

The Neurotic Character of a Gentleman. Don E. Johnson. Pp. 66-74.

The analysis of a 'gentleman' revealed this character structure to be the patient's attempt to deal with œdipal feelings and castration anxiety. The pa-

tient's ambition was derived from fixation to his mother (rather than arising chiefly from urethral eroticism) and was associated with introjection, in toto, of his mother's chief ego ideal.

EDWIN F. ALSTON

Bulletin of the Menninger Clinic. XXI, 1957.

The Unconscious Before Freud. Henri Ellenberger. Pp. 3-15.

Though Freud's investigations of the unconscious were decisive, he had many precursors. Since the term 'unconscious' is used to designate a number of dissimilar concepts, studies of the unconscious before Freud cover a variety of phenomena. Ellenberger surveys the writings on the unconscious in its various senses and suggests the following classification of phenomena designated unconscious:

1. The metaphysical unconscious: this includes the 'will' of Schopenhauer and the 'absolute unconscious' of von Hartmann. The concept is of a force that underlies all manifestations of life.
2. The biological unconscious, with its formative and organic activity: this includes the 'physiological unconscious' of von Hartmann, the 'mneme' of Semon, and the organic unconscious of Marie Bonaparte.
3. The deep psychological unconscious: the unconscious of the mystics, mesmerists, and parapsychologists, the seat of unconscious creative activity and of collective symbols (Jung).
4. The more accessible psychological unconscious, including forgotten memories (Saint Augustine), subliminal perception (Leibnitz, Herbart), 'unconscious inference' (Helmholtz).

To these concepts, Freud added a new one: the dynamic unconscious, the unconscious of the repressed.

The Hot Rod Driver. Jack C. Neavles and George Winokur. Pp. 28-35.

The authors studied thirty hot rod drivers. The hot rod driver, like other delinquents, suffers from feelings of inadequacy, dependency needs which he must repudiate, strong aggressive urges that he cannot handle in a socially acceptable manner, and superego lacunae that permit acting out. Hot rod driving affords the driver a counterphobic way of handling intense anxiety and an enhancement of his body image through identification with the car. It gives him also membership in a hot rod gang which implies status and virility.

Psychological Factors in the Choice of Medicine as a Profession. Karl Menninger. Part I, Pp. 51-58. Part II, Pp. 99-106.

According to recently published doctors' autobiographies, some of the motives for choice of medicine as a profession are the desire to follow a family tradition;

compliance with, or defiance of, parental wishes; the challenge and mystery of medicine or the lure of solid facts; and, finally, the desire for prestige and an adequate income. The motive generally accepted as primary is the desire to relieve suffering and preserve life.

Besides these conscious motives, unconscious motives must be sought to account for perseverance and success in the practice of medicine. Some possible unconscious motives are the following: benevolent or hostile identification with the father or father surrogate, a wish to please the mother, or identification with the mother as the healing member of the family. Other unconscious motives may be the need to atone for aggressive impulses, and curiosity about the body, originally the mother's body.

The author considers psychological factors in the choice of various medical specialities. Pediatrics affords opportunities for 'proxy mothering'. In obstetrics, curiosity about childbirth and identification with the delivering mother may be expressed. Proctology, besides offering obvious gratification to the doctor with interest stemming from the anal phase, may offer him, in our fastidious culture, a kind of humility. The doctor who has little guilt over his sadism, so that he may sublimate it efficiently, may find satisfaction in surgery. Men drawn to psychiatry may, through their work with lonely people, be attempting to handle a repressed feeling of loneliness in themselves. Psychiatrists who are zealous to refute the idea that mental illness represents a punishment for forbidden impulses may be attempting to deal with their own early fears. Interest in medicine is, however, much more than an attempt to express infantile aims and overcome infantile fears. It is autonomous and may arise from a mature belief that people can be helped.

Suicide as a Magical Act. C. W. Wahl. Pp. 91-98.

Suicide is not a rational solution to the subject's situation (though it may seem so) but rather a magical act aimed at achieving 'irrational, delusional, or illusory ends'. The suicide, in his childhood, felt rejected by his parents and reacted to them with hatred which (through identification with the parents) he turned against himself. Suicide may be precipitated by a wish to punish a depriving figure by induction of guilt, a wish to expiate a fantasied act of murder, or by a need to cope counterphobically with an overpowering fear of death. An unconscious denial of the reality of death makes the act possible.

JOSEPH WEISS

Psychiatric Quarterly. XXXI, 1957.

Intractable Episodic Vomiting in a Three-Year-Old Child. I. N. Berlin; G. McCullough; E. S. Liska; S. A. Szurek. Pp. 228-249.

A number of recent reports suggest a relation between psychosomatic illness in children and the attitudes, feelings, and conflicts of the mother. Recently

a few writers have emphasized the importance of understanding the whole family for psychotherapy of such cases.

A three-year-old boy with intractable episodic vomiting was treated, along with his mother and stepfather, for eight months. The psychic structure of each member of the family was found to be relevant to the episodes of vomiting. The mother, a hysterical character who used oral regression as a defense against demands made on her by the birth of her child, overprotected the boy in reaction to her rejection of the infant. This led to his vomiting as a means of controlling and manipulating the mother through her guilt. The stepfather's conflicts over his unconscious strivings were intensified by the mutually possessive, domineering, and submissive attitudes of mother and son. His tension increased the anxiety of the mother and contributed to the child's symptomatic vomiting.

The authors conclude that collaborative psychotherapeutic efforts may be as efficacious in a shorter time, as more intensive psychotherapy with the child alone.

The Two Aspects of Schizophrenia. S. Arieti. Pp. 403-416.

The author claims kinship with certain revisionists of freudian theory: George Mead, Martin Buber, and Harry Stack Sullivan. He seems, however, to offer a new terminology rather than any conceptual novelty. He emphasizes that constitutional as well as environmental factors are important in the evolution of schizophrenia. These constitutional factors involve the primitive thinking and affective states that the older terminology calls primary process. The author does not make clear whether there is a constitutionally better development of primary process in the schizophrenic, or a greater tendency to regress to it because of traumatic fixation, or both. He only states that more attention must be paid to these constitutional factors.

Two types, he says, do not develop frank symptoms until adulthood. Fixation and trauma do not begin until the second year of life, when the child's ego has developed sufficiently to distinguish between object and self, to use symbolization, to anticipate the future, and to assume the roles conferred by significant adults. Parental rejection has a severe effect but may be subtle. The child's image of itself, in keeping with its parents' attitude, is poorly organized and is rejected by it as inferior. In defense, the child represses emotions and withdraws from contact with objects. Another type, the stormy personality, tries forcefully to establish a relation to objects by aggressive, constantly changing maneuvers. This develops a very weak sense of identity. When adulthood requires increasing maturity and integration, these types react to the demand with psychotic mechanisms which seem to offer immediate benefits.

On Ambivalence. D. N. Graubert and J. S. A. Miller. Pp. 458-464.

This paper discusses the historical development of the concept of ambivalence. In 1910 Bleuler coined the term to mean static coexistence of different affects

on two levels of consciousness. In Freud's earlier writings ambivalence meant conflict between two polar opposing forces, the repressed instinct seeking discharge and the opposing repressing process. In *Beyond the Pleasure Principle* (1920) Freud described ambivalence as based on the opposition between the life and death instincts. The failure of the proper fusion of the two drives, or the defusion which occurs in regression, causes the tension between aggression and libido that leads to the clinical manifestation of ambivalence.

A Psychiatric Study of the Mothers of Excessively Crying Infants. I. H. Weiland; A. R. Leider; C. A. Mangham. Pp. 508-520.

What sort of mother provokes excessive crying in her infant? Five such mothers were studied during the first six or more months in the lives of their crying infants. The fathers were interviewed at least once. Conclusions are tentative.

The five mothers were alike in finding it hard to accept their roles as mothers. They viewed femininity as a deprived, suffering, inferior state. It is not simply the presence of guilt or hostility in the mother that makes for the excessively crying infant; rather it is the intensity of the feelings and the mother's anxiety about handling the infant. This anxiety is a defense against hostile or libidinal interests; it produces the neglect that leads to the chronic crying.

JOSEPH BIERNOFF

Psychosomatic Medicine. XIX, 1957.

'Voodoo' Death. Walter B. Cannon. Pp. 182-190.

In this article (reprinted from *The American Anthropologist*, XLIV, 1942) Dr. Cannon reviews all our information about 'voodoo death' and suggests that it does occur, caused by 'shocking emotional stress . . . obvious or repressed terror'. His own experiments suggest that the victim in his terror refuses food and drink and that the fear causes physiological disturbances through sympathetic hyperactivity. 'It is clear that [in animals] the rapidly fatal result is due to a persistent, excessive activity of the sympathicoadrenal system.'

On the Phenomenon of Sudden Death in Animals and Man. Curt P. Richter. Pp. 191-198.

Some of the rats used in an experiment on survival seemed to die for no apparent reason. Some wild rats died when simply held in the hand, others when placed in water, and more as a result of both procedures. All died when their whiskers were trimmed. Few tame rats were killed by these procedures. Richter at first erroneously supposed that Cannon's hypothesis [see preceding abstract] explained the deaths. The true cause was probably parasympathetic hyperactivity, which perhaps is promoted in man by hopelessness; this is a possible explanation of 'voodoo death'.

Richter's and Cannon's studies should be read in conjunction with Abraham A. Brill, *The Concept of Psychic Suicide* (Int. J. Ps., XX, 1939, p. 246). All three papers are relevant to the problem of the death instinct.

Duodenal Ulcer in One of Identical Twins. Martin L. Pilot; L. Douglas Lenkoski; Howard Spiro; Roy Schafer. Pp. 221-227.

One of a pair of male identical twins developed peptic ulcer at age forty-six. The character of both twins resembled that described by Alexander as typical in peptic ulcer. Why did only one of the pair suffer from ulcer? Apparently the well twin had less rigid defenses against his wishes for dependency, and married a woman who could be kind and loving. The sick twin had more rigid defenses and first suffered from symptoms of ulcer while his wife was disturbed almost to the point of psychosis. The twins therefore differed slightly in character, and circumstances tended to intensify oral conflicts in the twin who became sick.

Psychoanalytical Observations in Two Cases of Thrombophlebitis Migrans. John A. P. Millet and James F. Dyde. Pp. 275-286.

The authors describe two cases of thrombophlebitis migrans treated by psychoanalytic therapy. Both patients were men in their thirties. No dynamic factors were found to be specific to the disease, but unresolved emotional strains seemed to precipitate or aggravate the attacks.

D. H. POWELSON

Journal of the Hillside Hospital. VI, 1957.

Transference Psychosis. Norman Reider. Pp. 131-149.

The author discusses occurrence of psychosis during analytic treatment in patients without known history of previous psychotic breaks. The term 'transference psychosis' is reserved for those psychotic episodes in which the nature of the transference acts as a precipitating factor. It is possible that transference interpretations can reverse these states.

Certain signs may aid the clinician in early recognition of the possibility of psychosis: repeated parapraxes, and consistent and predominant use of psychotic mechanisms. Since the transference itself involves regression, psychotic episodes may occur when there is re-enacted a previous psychotic state, or a previous ego state in which distrust is prominent, or an identification with a psychotic person.

Reider illustrates by a case study the clinical and theoretical features of this phenomenon, and offers interesting comments on certain conceptions of psychotic processes and the treatment of psychoses.

JOSEPH AFTERMAN

Revista de Psicoanálisis. XIV, 1957, Nos. 1 and 2.

A symposium on psychoanalytic technique and interpretations, reported in this issue, discusses Interpretation and the Analyst; Interpretations and the Analysand; Forms of Interpretation in Various Clinical Situations; Specific Aspects of Interpretation; Child Analysis and Interpretation; and Problems in Learning Psychoanalytic Technique. Only a few of many excellent articles among the sixteen presented can be abstracted here.

Mauricio Abadi, writing about 'verbalization', states that speech originated from a defense mechanism of obsessive nature. Verbalization serves to control, to effect action at a distance, and to confer magical omnipotent power. 'Its importance during the analytic work is due mainly to its unconscious value as a magical instrument and to its power of producing action at a distance.' If these elements are not taken into consideration and speech is treated as a logical instrument, any verbal communication of the analyst will have the functions of a magical instrument for the purpose of controlling someone else.

G. T. de Racker speaks about the formulation of interpretations. Her manner has something, as she says, of the quality of a nursery rhyme. In her experience, '... any interpretation, regardless of content, must be felt as "good" by the patient or it will not eliminate but provoke anxieties ... or denial ... or violent opposition to it. ...'. One of her patients tried 'to seduce and bewitch' her like Scheherazade.

Diego García Reinoso discusses the interpretations given to hypochondriacs and patients with conversion symptoms, stating that 'in any character manifestation there is always an implicit body fantasy'. He observed this in obsessives also, 'in whom the body is alien to the ego just as much as is the affect'. In a female patient with conversion symptoms he was able to demonstrate how 'in each muscular contraction there was a fantasy of her father or of herself identified with him or, rather, with the "hand-penis" of the father. The pain produced ... showed it to be a defense mechanism. ... This constituted the phenomenon of conversion.' The memory 'is fixed to the body ... and this memory refers to bodily sensations, fantasies, and reality'. We show the patient the importance of his memories of his body when associations seem to refer to the body with urgency and determination. In hypochondriacs, 'the delusions and hallucinations are "fixed" in the body' and hence are unnoticed. If the body aspects are resolved the psychotic symptoms will appear.

Angel Garma discusses prenatal fantasies. The fantasies are repressed because of the birth trauma. He traces their appearance in patients' dreams. He adds that 'the fantasy of dressing is a substitute for the foetal membrane'; it appears in dreams 'and must have existed in the primitive mother when she decided to dress her child'. If going to sleep is adopting the foetal position then 'in dreams it is possible that the psychic experiences of the individual and the phylogenetic (collective) past may appear. ... One of the characteristics of foetal psychic life is perhaps a dream state.' Resistance to these ideas is like denying childhood sexuality because we cannot recall it. 'If A. Rascovsky's idea ... that the pineal gland was originally a single eye [is valid], ... it may explain why these fantasies

are only bidimensional', with no depth. This is the reason Descartes situated the soul in the pineal gland. The idea appears also in Tausk's well-known patient who believed she was being flattened out. Plato's Republic shows the same bi-dimensional vision. Plato states that man's vision of reality is as imperfect as that of persons inside a cave with their backs to the light who must interpret the world outside by the shadows on the wall before them. 'Man cannot understand external reality as it is, but he is forced to interpret it according to his own primary prenatal fantasies'; he sees it as he originally did, in the bidimensional way of the foetus and of the dream.

Joviality in the Transference and the Death Instinct in an Obese Patient.
David Liberman. (No. 3.) Pp. 292-306.

The patient failed to experience any feelings of desperation or depression; they were 'somatically represented'. His depressive feelings, his death wish (for internal death), his castration fears, and his homosexual passive impulses were all hidden and substituted for by his obesity, which was the 'corporeal equivalent and representative of all these'. Therefore he was able to be witty and jovial. The patient never thought of his father as a father, nor was he aware of anyone as an authority. He made a seeming adaptation to these objects; he seemed good-natured and obedient; but this semblance was a deceit, a fraud, by which he triumphed over any father figure. The pleasure in his jokes was produced at the expense of the repressed affect; thus he effected a saving of psychic energy. Since he could not discharge his tensions he tried to abolish them, and therefore his death instinct became re-enforced. His humor and his obesity were reaction-formations against suffering, and they became also the vehicle of his intense death wish. 'His fat was no longer felt as nourishment and warmth but became "dead weight" and excrement . . . which diminished little by little any libidinal impulse.'

GABRIEL DE LA VEGA

Revista Uruguaya de Psicoanalisis. II, 1957.

Some Schizoid Mechanisms in René Descartes' Concept of the World. Willy Baranger. Pp. 20-32.

Baranger examines Descartes' Discourse on Method and his Meditations with special reference to Descartes' autobiographical remarks. 'Descartes remains indifferent to the "ordinary" pursuits of most men . . . such as honors and wealth, because according to Descartes' own philosophy, "he who lives hidden lives well".' He lost his mother when he was a year old, 'a fact confused by Descartes in his statements as if he did not know when and why she died'. He married 'a Protestant girl . . . and eventually led a life of conflict because he was attacked by all the scholars of his time' including Catholics and Protestants. He lost his daughter Francine at an early age and himself died at fifty-three of 'disease of the lungs', as had his mother. His eternal doubts were determined by his having

to offer truth and generosity in exchange for envy and error. Truth for him had a nutritive aspect. 'His reconstructed world (his philosophical system) is his mother again . . . the house which he builds is the mother's body.' His ambivalence and sadistic impulses, with all their anxieties, were elaborated into his 'doubtful system'. He said: 'Do I fool myself? Or am I being fooled? Do I dream, believing I am awake? Am I mad, believing I am not? But I have ceased to think; therefore to fool myself is to think. And since I think, I exist. . . .' Descartes 'was well aware of his conflicts when he stated "when I sleep, I portray in my dreams things not other,—and at times more unbelievable,—than those perceived by madmen when they are awake"'. The author demonstrates how these mechanisms which play a role in schizophrenia and in normal character take part in the formation of an ideological system.

GABRIEL DE LA VEGA

Acta Neuropsiquiatrica Argentina. III, 1957.

Migraine, Feelings of Pseudo-Stupidity, and Delusions, in One of Perez Galdos's Characters. Angel Garma. Pp. 143-154.

Garma studies Maximiliano, principal character of the novel, *Fortunata y Jacinta*. Maximiliano thought himself ugly, retired from society, and developed a host of psychosomatic ailments, such as terrible toothaches and migraine, but in the course of the story fell deeply in love with a prostitute. After trying to deny that his wife, Fortunata, was promiscuous, he began to have a conviction that he was stupid and manifested paranoid thinking. When intensely enraged he even became blind and had convulsions. His intellectual activity and his genital sexuality were in direct relation: his intellectual inhibitions occurred as a consequence of sexual repression. His love for his wife determined the productivity of his intellectual life; he said to her, 'looking at you I understand things clearly'. When he was confronted with her infidelity his 'pseudo-stupidity' reappeared. After fighting with her first lover and being worsted, he acquired a feminine voice, which lasted until Fortunata left him. She returned to him but again he found her unfaithful. This discovery led to paranoid ideas about his friends and family, delusions which disappeared the day Fortunata left him for a second time. 'His delusions were efforts at restitution, though inadequate ones.'

Maximiliano regretted being 'attached to a carload of affects'. To eliminate this state he became an avid reader, a therapy explained by the fact that a book often represents the female genitals. He stated, 'when I sleep, I dream, I am a man; now the Beast has tied me down, whipped me, and made me do everything the Beast wants'. Maximiliano finally became psychotic with the delusion 'of being a Messiah . . . what I call "Messiahnitis" . . . a modification of my jealousy. The Messiah . . . your son, born to a man who was not your husband. Everything is jealousy, jealous feelings fermented and putrefacted. Oh, my daughter! How bad it is to be crazy!'

Garma states that Galdos's explanations 'are by no means complete but his interpretations are true psychologically'. Galdos lived from 1843 to 1920, and

by his intuition anticipated psychoanalytic discovery of the mechanism of delusions such as Maximiliano's.

GABRIEL DE LA VEGA

Psyche. XI, 1957.

Zwei Abhandlungen zur Griechischen Mythologie. (Two Contributions to Greek Mythology.) Franz Borkenau. Pp. 1-27.

Borkenau starts his unusually interesting reinterpretation of Greek mythology with a description of a Cretan wall painting of the Flower Prince, showing a tall man with a crown of flowers on his head. The man is neither a god nor of the kings, but probably a royal consort, son and lover of the mountain mother, the Magna Mater who was queen and goddess at the time of the matriarchy in Crete. She was free to choose two phallic consorts. Her insigne was the 'labrys', which is a double axe, and her representative animals were lions. She was the impersonation and symbolization of eternal fruitfulness. She and her Flower Prince were originally not gods. Only later did she become the goddess of fertility, while her royal consort remained human and was sacrificed after the holy marriage. Their sacred intercourse took place in the fields to insure fertility of the fields. This is an example of hybris, the sinful pride of one who aspired to become like a god. A consort had to die annually. He was mourned by the goddess and resurrected by her.

Borkenau considers Freud's interpretation of the story of *Œdipus* partially correct, but mainly a projection of Jewish-Western patriarchal ideas into the time of Sophocles. Borkenau intelligently and convincingly applies methods learned from Freud and Reik to prove that what the *Œdipus* myth calls the step-parents were probably the true parents of *Œdipus*. Freud reasons in his works, *Family Romances* and *Moses and Monotheism*, that Pharaoh's daughter was the true mother while the modest Israelitic origin of Moses belongs to the myth. According to Borkenau: 'What is right for Moses should be right for *Œdipus*, too'. Laius is not the father of *Œdipus* nor Jocasta his mother. Careful reading of Sophocles also shows that *Œdipus* never murdered Laius. When *Œdipus* came to the crossing of the roads, he killed the charioteer. Laius was carried to his death by the horses, which was a ritual death of the royal consort.

Borkenau reasons further that the name *Œdipus* is unusual; nobody calls his son 'swollen foot',—surely not a Greek. But in order that he might be dragged to his death by wild horses, it was customary to pierce the heels of the king. Both men, *Œdipus* and Laius, are in this way marked as royal escorts to the Great Mother. The swelling of the foot has something to do with the poisonous thorn or poisonous arrow with which other annual kings were put to death.

In the limping *Œdipus* and the death of Laius are condensed two different rituals: two kings fought for their lives as we know from the priest-kings of Nemi.

The great crime for which *Œdipus* had to die and all Thebes was punished was not the murder of the father and the incest with the mother. It was the rape of the mother; and the rape of Jocasta symbolized the end of her free will, the

end of the reign of the Great Mother. It changed the matriarchy into the patriarchy. It was not a crime but a ritual necessity to kill the father, the king, the enemy in battle. It was no crime to be chosen by the mother, but it was a crime to force the queen, because that put her into an inferior position and put the man in the place of the woman.

The Erinyes represented exclusively the mother; they never punished a crime against the father. The Sphinx was also female, a demon of sickness. Symbolically she represented the main trend of the *Œdipus* myth, the fight against the overpowering mother, for she symbolized death and destruction and was overcome by the hero. She now became the demon who originally sacrificed the young man of the year in the Labyrinth at Knossos.

The incest taboo became a realistic necessity only after the transition from matriarchy to patriarchy had been established. Then the triumphant son, now being father himself, had to protect his wife, the former goddess-priestess and mother of all, against the assault of her sons. *Œdipus* had to kill *Laius* to win *Jocasta* and he then had to protect *Jocasta* by the incest taboo in order to establish the patriarchy with all its taboos. What Freud considered the original crime is now a phenomenon of a much later time, perhaps to be placed in the second millenium before Christ.

Borkenau states that the theories of the Kleinian school throw considerable light on the correct interpretation of early myth. One is tempted to say: Borkenau gives a pre \mathcal{O} dipal interpretation of the *Œdipal* myth.

MARTIN GROTJAHN

NOTES

As previously noted, in our last issue, THE INTERNATIONAL PSYCHOANALYTIC ASSOCIATION will hold its Twenty-first Congress in Copenhagen from Monday, July 27th through Thursday, July 30th, 1959, at the invitation of the Danish Society. Dr. Vanggaard is in charge of the administrative arrangements. Dr. Willi Hoffer is Chairman of the Program Committee, and any inquiries or suggestions about the scientific program should be addressed to him (21 Grove End Road, St. John's Wood, London N.W. 8, England), or to Dr. Paula Heimann, the Honorary Secretary of this Committee (32 Eamont Court, Eamont Street, London N.W. 8, England).

MEETINGS OF THE NEW YORK PSYCHOANALYTIC SOCIETY

June 11, 1957. PRE-BODY EGO TYPES OF (PATHOLOGICAL) MENTAL FUNCTIONING.
Augusta Bonnard, M.D.

This paper attempts a comprehension of the quality and type of perceptual-affective functioning in the first six months after birth—an extremely obscure preverbal process. It is postulated that the functions of narcissism and libido and its cathexis are not in dynamic operation from the beginning and that their evolution may be markedly modified by more archaic patterns of affective-mental functioning if these patterns are not properly integrated. Responses to reality antedating the development of the body ego which persist do not lend themselves to investment by narcissistic or object libido except as media of secondary elaboration or of pathological defense. The vicissitudes of these archaic functions may be of paramount importance for abnormal as well as normal mental functioning. For example, many of the most striking or poignant effects of artistic creativity are due to utilization of these archaic functions which have distinctive primary process attributes. We should be more alert to the ubiquity of animism and of anthropomorphism and study the archaic precursors of mechanisms of defense. A fundamental difficulty is that the direct observation of these earliest states are mainly appraised as behavioristic and their interpretation is anthropomorphic. The clinical data are derived from the study of two boys and a man, who showed significant deviations of maturational and affective patterns of response from earliest infancy. These patients were extremely hypermotile almost from birth. The two boys displayed sudden outbreaks of vicious attacks on children, adults, and animals. There was profound anxiety, depression, and lack of orientation as to the meaning and purposes of their bodies and their actions. The hypermotility, which in one patient had the quality of an addiction, belonged to a very primitive state of development, and was partly a defense against a strong fear of passivity. In all three cases there was a fundamental impairment of reality testing due to a lack of sovereignty of ego boundaries in Federn's sense. The aggressive behavior of these patients was not an identification with the aggressor or with the victim but a representation of innately dangerous forces, of primary process quality, which augmented each other to the point of collec-

tive annihilation. The prototypes were found in archaic bodily conversions. An anal spasm, for example, accompanied by pain, gave rise to a sense of agony and of explosive tension. One of the boys who had the symptom, 'tongue swallowing', also wrenched and bent back his joints. This was a displacement of the attributes of the tongue to the body. In verbal beings with a sense of taste the sovereign role of the tongue in informative responsiveness is never superseded, but only forgotten, because of its hidden position and quality of being intrinsic. In the adult patient, the rapierlike effectiveness of his tongue, with which he demolished his imagined attackers, was striking.

DISCUSSION. Dr. David Beres expressed the opinion that 'body ego' and 'pre-body ego' are ambiguous and unsatisfactory concepts. He prefers to speak of the ego's functions of self-representation, self-awareness, awareness of the body and its parts, i.e., the body image. He agreed that there probably exist certain primitive thought processes before the ego has developed the capacity to recognize the self, to separate self and nonself, and to form object relationships. Dr. Gustav Bychowski mentioned examples in adult schizophrenic patients of fear of uncontrolled motility and the projection of the aggressive impulse involved as a defense against the anxiety. Dr. Bela Mittelman characterized this developmental period by the absence of differentiation, rather than by a coexistence of contradictions. He suggested that the tongue very early in life has two functions. Sucking provides pleasure; its searching movements (for objects) is the inception of ego function. Dr. Robert Bak expressed the belief that there are physiological models for psychic mechanisms, and called attention to the importance of regression to temperature and olfactory orientation in schizophrenia. It is in these archaic developmental phases that the fusion between self and nonself occurs. He agreed that a hypercathexis of the tongue can be either a regression from the phallic phase or an original hypercathexis; the alternative is especially likely in cases of oral deprivation in infancy. In the development of a transitional object or the development of the transition between the whole body and the body of the object there can be a phase in which the nipple and the tongue coalesce. We should aim at a more precise differentiation between ego functions and especially their interrelationships. Under certain circumstances damaged functions may combine with normally developed functions to produce new formations. This can lead to results which cannot be simply understood retrogressively.

POUL M. FAERGEMAN

June 25, 1957. ON EGO DISTORTIONS. Maxwell Gitelson, M.D.

Ego distortions involve the entire psychic apparatus and become rigidly integrated into a defensive adaptation. Various specific ego distortions are single instances of a general process. Because a variety of designations has been applied to these pathologic ego manifestations, usually the chief symptom (e.g., 'as if' personality), the assumption is that the disturbance represents a specific defect of the ego. This emphasizes a structural delimitation of pathology and does not conform to the acknowledged interrelationships of the ego's functions.

It would be preferable to consider these phenomena as character disorders in

which modifications of the ego have occurred, revealing the developmental pattern of the narcissistic neuroses. In contradistinction to the character neuroses and the transference neuroses in which the pathology is determined by vicissitudes in psychosexual development, in these cases the most intense conflict has been between ego and reality in which aggression figures more extensively than libido. The resulting ego disturbance approaches, in appearance, schizophrenia, but this does not imply commitment to the thesis that there is a transitional series, in any one person, of potential ego states from hebephrenic to normal. These various ego states, or modifications of the ego, form configurations which the author would call 'narcissistic personality disorder' and comprise that group of idiosyncratic adaptations commonly referred to as 'borderline'.

The author presents an illustrative case. He states that in the clinical picture he sees not ego weakness nor defect but a strength insuring survival by means of 'facultative accommodations in various ego functions'. A psychic system, at a moment of crisis in its history, has 'gelled' to preserve a balance of energy which otherwise was in danger of disintegration. After enlarging on the particular aspects of the case referable to the topic under discussion, the author concludes with the following propositions. 1. Ego distortions do not represent ego-specific pathology. 2. Patients in this group have encountered unusual stress in relation to their original objects, particularly the mother, with subsequent accommodations of ego functioning making survival possible. 3. These adjustments and accommodations of ego functions follow the normal patterns seen in transient cross section of the normal ego during developmental and adaptational crises. 4. The clinical picture is of an adaptational balance which occurs phasically in early development, in adolescence, and in certain menopausal cases. 5. Nosologically these are arrests in ego development, not defects, not weaknesses; unlike the psychoses, there is in these cases no surrender of the object and no loss of object libido. 6. Because of the etiological factors and the nature of the fundamental disturbance, the syndromes commonly referred to in specific terms of distortion of the ego may be designated 'narcissistic personality disorders'.

DISCUSSION. Dr. Heinz Hartmann stated the difficulty in understanding ego pathology both as to its nature and its function. In some cases ego distortions have the function of preventing serious disease, in others they are the remnants of a distortion once useful but no longer so. He thought it necessary to differentiate whether the defect is a primary defect of the ego or is a defect resulting from what happens in the other psychic systems. While there are many ego distortions of the kind Dr. Gitelson reports, an added factor we should know is whether the ego that gets into such a crisis was previously intact or impaired. Dr. Hartmann agreed with the description of specialization and rigidity of function, adding that these phenomena are also observed as fixation and no longer adaptive. He alluded to what Freud said about the relation between repetition compulsion and fixation. As to ego strength, he felt that, in general, he would call an ego strong only if its specific functions are not impaired through defensive functions and through the displacements of energy that occur in this process; this may be so where average demands of the ego are made, and not necessarily so where excessive demands on the ego are made. Dr. Annie Reich

questioned whether the ego's pathologic solution and adjustment in this case could be considered an indication of ego strength. The 'as if' aspect presents the symptom of most interest and does not represent in such cases a defensive measure, but is indicative of a primary ego defect due to a defective *Anlage* of which one of the elements is frequently the persistent identification with a mother suffering herself from difficulties in object relations and leading in the child to the 'assuming of roles' as something of an ideal. As to the narcissistic aspects of such cases, Dr. Reich remarked that where there is primary defect of the ego there is a disturbance in cathecting objects in any sustained way, resulting in a turning back of libidinal cathexis and, therefore, a great number of ego functions are not cathected with neutralized energy but are highly libidinized in a narcissistic way usually combined with a disturbance of superego development. Dr. Victor Rosen raised the question of how much special talents or gifts influence the structure and functions of the ego. A distortion might be not only an adaptation to instinctual tension and reality stress, but also the result of a hyperfunction of some ego factor with consequent accommodations of other parts to the hypertrophied one. Also he asked about the possible role of narcissistic identifications with transitional objects in such cases. Dr. Bertram D. Lewin agreed that these patients present narcissistic personalities, and since the nature of the transference is the basis of psychoanalytic diagnosis, the term suggested, if understood descriptively, is better than several others that have been used. The 'borderline' seems to be the variable boundary between narcissistic and transference libido. Dr. Peter Glauber noted that in this type of disorder the phenomena are maintained by environmental forces so that a large part of the momentum is in the extrapsychic and not the intrapsychic sphere. These cases present anhedonic affective states commonly found in schizoid personalities, of which this case can be considered one. It represents a kind of strength or stability. It is a sudden mobilization of all ego elements as a result of crisis. Dr. Robert Bak remarked that these cases cannot be regarded as presenting a stable picture either clinically or by definition. What may appear in cross section to be an ego distortion may, in a longitudinal view, be a psychotic state. As to the question of adaptation, he believes that any pathologic manifestation, neurotic or psychotic, is a failure of adaptation. He emphasized the importance of considering the state of regression of the ego in evaluating pathology. In concluding, Dr. Gitelson called attention to his original purpose in presenting the paper: to give a *post hoc* description of a certain type of case without teleological intentions on his part. The clinical picture in such cases is sufficiently typical to warrant diagnostic and prognostic implications when viewed in cross section.

JOHN DONADEO

MEETINGS OF THE PSYCHOANALYTIC ASSOCIATION OF NEW YORK

June 5, 1957. PERSONALITY AND PERCEPTION. Herman A. Witkin, Ph.D. and Helen B. Lewis, Ph.D.

An inquiry is made into the subjective and objective nature of the relation between the ego and the environment. The sense of the location of the body

with reference to the vertical and horizontal axes in space is based upon two kinds of determinants: first, the gravitational pull which apprehends the true upright position; second, the apperception of the body in relation to the surrounding visual field. Special situations were devised in which these determinants were separated. Some persons, at one extreme, succeed very well in maintaining the separateness of body from field and are able to bring the body to the upright position. Others require that the body be more or less aligned with the tilted field to perceive the body as upright: strong sensations of body tilt are 'unfelt', the body seems to 'fuse' with the field. The latter are designated as 'field-dependent'. In general, most subjects fall between the two extremes, but in all, one mode of perceiving or the other has remained a stable characteristic over a period of years. Women are more 'field-dependent' than men (less aware of sensations from within). 'Field-dependent' perceivers tend to have less well-developed egos: lack of self-esteem, impulsiveness, passivity. 'Field-independent' perceivers tend to have better-defined and more adequate egos. Performance in these perceptual situations reflects the subjects' characteristic 'life style'. These tendencies are correlated with fundamental differences in development. A variety of evidence suggests that children who remain in a more 'field-dependent' way of perceiving (primitive form of perception) have made less progress toward self-differentiation and function at a lower intellectual level. One of the influences contributing to the generally lower level of differentiation among 'field-dependent' children is a mother-child relationship which is characterized as restrictive or overprotective. A 'field-independent' style of perceiving is not necessarily indicative of better adaptation to life or to an absence of pathology. Marked pathology was observed at both extremes. Application of these experimental perceptual techniques, combined with clinical therapy, are illustrated by the investigation of specific personality problems as shown by studies of gastric ulcer alcoholism. It is anticipated that the study of perceptual functioning in connection with unconscious motivations in human personality may serve to unify the thinking in related disciplines to their mutual advantage.

DISCUSSION. Dr. Sibylle K. Escalona noted a historical relationship and mutual influence between greater emphasis on ego problems in psychoanalysis and experimental work on perception and cognition: such studies of ego functioning facilitate a more controlled and systematic approach to problems of psychoanalytic theory, as they potentially increase knowledge of the ego mechanisms involved. In view of the reported sex differences and of the adaptive values of the ability to take clues from the environment, she questioned any tendency to assume a high positive correlation of degree of field independence and degree of maturity. Dr. Sidney Tarachow observed that the neurological factors involved in the righting reflexes, both visual (cortical) and labyrinthine-tonic (brainstem) require control before psychological inferences can properly be drawn. He gave examples of the care necessary in matters of definition and evaluation, particularly the requirement to conceptualize the experimental group dynamically which requires a psychoanalytic approach, as classification by tests may overlook dynamic problems: it is more difficult to assess intrinsic personality qualities of an instinctual nature than to measure ego 'style' and defenses. He suggested that

the experiments could best be integrated into psychoanalytic thinking by having a percentage of each tested group psychoanalyzed. Dr. Abraham A. Fabian stated that because perception can serve as an index of ego functioning, the idea of quantification of perceptual data as a guide to diagnosis and choice of therapeutic approach and as a gauge of therapeutic effectiveness is most attractive. He noted the fact that while an ego disability might be reflected in a regressive perceptual tendency, such as position in space, the reverse also occurred. He was of the opinion that the existence of perceptual distortion was nonspecific, since the ego disability is the end point of conflict and neurotic compromise, and that regression is part of the picture in all forms of stress and resultant psychopathology, thus questioning the use of perceptual data as specific diagnostic and therapeutic guides. Dr. Judith S. Kestenberg referred to the reported differences between males and females, stating that body boundaries are more secure among males (anatomically) than among females, the latter in consequence being more dependent on visual perception and externalization. Dr. Jan Frank questioned the epistemological validity of the wish to objectify the psychic event and thought the experiments would be more valuable in child development studies than in the field of dynamic psychology. Dr. Witkin concluded by agreeing that the middle range of the 'field' concept was best suited for gauging social adaptation, the study offering only a measure of individuation.

IRVING RUBINS

October 22, 1957. RESISTANCE. Sandor Lorand, M.D.

The distinction in the literature between resistance and defense mechanisms is not clear. Some authors use the terms synonymously, others clearly differentiate the two. Dr. Lorand disagrees with Ella Freeman Sharpe and others who use the terms synonymously. He defines resistance as the type of behavior in analysis by means of which a patient tries to thwart the analyst's attempts to analyze his defenses in the service of altering his habitual patterns of thinking, feeling, and acting. Resistance can be said to be a defense in the sense that it is part of the patient's protection of a vested interest in his neurosis with which the analyst interferes. This definition makes resistance a part of the psychoanalytic therapeutic process which aims to resolve the individual defense mechanisms. This definition and differentiation are not novel. In *The Problem of Anxiety*, Freud described five resistances deriving from the ego, the superego, and the id. The ego gives rise to three resistances, repression, transference, and the secondary gain from illness. The id gives rise to the repetition compulsion. The superego gives rise to the sense of guilt or need for punishment.

Relevant clinical instances are discussed. Problems attendant on starting analysis are handled without rigid insistence upon the application of rules. A particular patient who had great anxiety about lying on the couch was during fifteen sessions interviewed face to face and sufficiently reassured to then be analyzed on the couch. A patient's silence can occur at any stage of the analysis and at times attempts at interpretation, reassurance, or suggestion can be tried. When a patient is initially silent, the analyst should help him to communicate. A pa-

tient who had been previously in analysis and had been mute for weeks, began her analysis with the same resistance. She was told she could write what was on her mind rather than say it. After she had written a series of genital and anal obscenities which she had been desperately afraid would slip out, she was able to communicate. Not talking can represent the re-creation of an infantile period when the child has not learned to talk and the mother, understanding the baby's needs, satisfies them, doing all the talking herself. Talking means not only giving attention but, on the deepest level, love. An analyst's countersilence cannot overcome this resistance. It is necessary at times to modify technique and use special means to overcome tenacious resistances as Freud did in helping some of his patients to overcome phobias at the proper time. By the rule of abstinence, Freud did not intend denial of all gratifications, but only gratification of symptoms. As analysis proceeds and substitutive gratifications are repressed, somatic symptoms requiring medical evaluation can occur. Reappearance of previously analyzed neurotic behavior is an accompaniment to improvement in the analysis and should be no cause for concern to the analyst. When the transference has been established, the analyst must then interpret the patient's behavior and communications in relation to current reality, childhood and developmental experiences, and the transference. Change takes place against resistance from unconscious fears and guilt.

DISCUSSION. Dr. Ludwig Eidelberg agreed that resistance and defense are not synonymous; that the first occurs only in psychoanalytic therapy whereas the other exists independently. Approached economically, dynamically, or topographically, all require the same special clinical, technical considerations rather than concentration upon ego and one or another aggression. Explanations about the analyst's behavior should be given to the patient as, why, for example, the patient's questions are not answered. He should know that it is not because the analyst is lazy, angry, or asleep, but that answering will extend the process of analysis and make it costlier to the patient. Explanation that fears are related to repressed wishes can help overcome many resistances as—in the infantile unconscious—wishes and acts are undifferentiated. Since resistance is a product of the analytic situation, the human influence of the analyst in overcoming it was of course answered affirmatively by Freud. 'Acting in', as contrasted to 'acting out', was differentiated as action in the analytic situation. Dr. Nathaniel Ross amplified the necessity of differentiating resistances and defenses by giving two examples. In latent schizophrenia, defense mechanisms are not functioning adequately, permitting primary processes too easy of access to consciousness; and when a patient comes into treatment putting his worst foot forward, this is advance warning of inadequate defense mechanisms, making analysis difficult or impossible. Dr. Otto Spierling recalled that Freud was always very modest in his therapeutic expectations and that this was best suited to reduce resistances, since the more that is promised, the greater the resistances. He agreed that the patient be permitted to write, and added that at times it is better not to start with the basic rule but with taking a history. Free associations may also be a particular form of resistance. Dr. Jan Frank stated that resistance against the emergence of the primary process is physiological, and that patients who plunge

into what Kris called the 'Proustian mood' and indulge in an 'id mud bath' require 'upward reconstruction' as posited by Bornstein and Loewenstein. If this is not done and the analyst listens passively, these patients do not change and analysis can become interminable. The patient who wrote associations also demonstrates the fact that ego needs vary greatly, as was shown by a musician who played Mozart as part of an analysis, and by a mathematician who used mathematical equations similarly. To analyze these ego needs as though they were resistances rather than exploring them would be a grave error. There are other manifestations which similarly must not be considered to be resistances. In a patient who always showed great horror and shouted during analysis, his shouting proved to be an attempt to avoid the horrors of his past, and was a nonverbal communication, not a resistance. The patients in the 'Proustian mood' are not actually threatened by schizophrenic outbreaks, but if that appears to be a possibility, such patients are not treated on the couch and reality is analyzed.

EDWARD E. HOLLANDER

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THE AMERICAN PSYCHOSOMATIC SOCIETY will hold its sixteenth annual meeting at Chalfonte-Haddon Hall in Atlantic City on Saturday and Sunday, May 2 and 3, 1959. The Program Committee would like to receive titles and abstracts of papers for consideration for the program no later than December 1, 1958. The time allotted for presentation of each paper will be twenty minutes. Eight copies of the abstract should be submitted for the Program Committee's consideration to the chairman, Milton Rosenbaum, M.D., at 265 Nassau Road, Roosevelt, New York.

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IMAGE FORMATION DURING FREE ASSOCIATION

BY MARK KANZER, M.D. (NEW YORK)

During free association the barriers between the strata of consciousness fluctuate constantly, as is shown by the variations in the idiom of communication used by the analysand. Here we may witness the beginnings of those processes that result in the dream when there is full regression. Whereas the dreamer seeks to withdraw from reality, the patient seeks to withdraw from the analytic situation. (Rank, as Lewin reminds us, compared the analyst to a day residue [19]). A censorship—the resistance to waking in one instance, to analysis in the other—blocks the entrance of disturbing ideas into consciousness and forces their transformation by regression to perceptual components.¹ Under ideal circumstances these stimulate neither affect nor movement, but dissipate the disturbing idea in the very process of perception; a solution which, drawing upon wish fulfilment, is fundamental for the dream and for æsthetic enjoyment as well as for free association.

Interruptions of free association reveal to the observer the intrusion of disturbing ideas and reactions of restlessness like those of an uneasy sleeper; changes in the rhythm and tone of speech are comparable to changes in respiration; changes of position, and not infrequently a sudden awareness of somatic sensations or of objects in the environment, occur as if awakening had begun.

The patient may, however, neither interrupt free association nor continue it; he compromises by producing verbal imagery analogous to the visual images of the dream. The intrusive idea has been forced regressively into channels that are close to

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¹ 'Emerging undesired ideas are changed into visual and auditory images' (10, p. 14).

the 'perceptual instance' (10, p. 394) from which it returns in forms that can be introduced into the stream of associations in apparent compliance with the laws of free association, but that are, in fact, secret islands of resistance. (Not only metaphors but also the manner of speech, the style of expression, the use of one language or another fulfil this same purpose.) To verbalize these unconscious thoughts helps to reduce affect and acting out. This ability is akin to the work of the artist; it is a process that resembles psychoanalytic procedure, but is unaccompanied by insight.

An extreme example is offered by the occasional sleep on the couch during which a dream occurs. In one instance (14), the dreamer, A, was being handed a yellow pencil by his younger brother. I interpreted the dream as itself represented by the pencil that the patient was handing to me. I occasionally used such a yellow pencil to make notes of what he said during the session; it was a bit of irony to suggest that I make notes during the period of silence when he is sleeping. His unspoken objection to my taking notes was expressed by sleep, a complete withdrawal from free association, and by the image of the pencil which both registered the complaint and was an effort to restore communication.

Another type of withdrawal that is likely to be followed by imagery is observable in the shock following an interpretation.² In one such instance, after a brief pause the patient, B, resumed without apparent reference to anything that had gone before: 'I seem to be concentrating on a gap in your curtains. There is a patch of blue sky. For some reason, I think of a lightning bolt streaking across there.' He could not account for this succession of images, but it was not difficult to recognize his thought that the interpretation was 'a bolt from the blue'. The interpretation had dealt with the patient's voyeurism and his reaction to the sight of the female genital as to Medusa's head. It had there-

² Similar imagery marks shock in reaction to Rorschach pictures, as described by Piotrowski and Berg (22). Baker speaks of the common regressive imagery of language and dreams (1).

fore had the effect upon him of being found guilty by his father. The resulting imagery condensed and confirmed both the impulses and the impact of the interpretation on his unspoken thoughts.

Attention to such details permits the analyst close contact with the patient's psychic processes as they plunge from one level to another in their efforts to elude detection. The shift in levels is illustrated in the following image. A tense and hysterical elderly patient, C, silent while she was consciously wrestling with erotic thoughts, finally evolved a daydream about a gray house with a second-story window which someone was attempting to reach with a ladder. The patient herself was the gray house, her daydream the ladder with which the analyst was invited to reach the 'upper story' by the intellectual means of an interpretation—an obvious displacement to a higher level of the erotic demands that she could not directly express. This daydream strongly resembles the 'yellow pencil dream' of patient A, for both dealt in the same way with similar problems. Both this dream and the daydream use similar images. Moreover, color appears in all three images so far described, and in two others that will be mentioned. Colors frequently represent emotional tone.

Ekstein and Wallerstein (5), in descriptions of play therapy with children, demonstrate the transitions between verbalization, imagery, and action as resistance to the therapist fluctuates and induces different modes of expression. Felix Deutsch (3) has studied the description of imagery in analysis and its use as resistance and as communication. Lewin (19) refers to æsthetic reveries as resistances and alternatives to the verbalization of ideas. In psychoses, the retreat to imagery plays an important part in the general retreat from secondary process thought and reality testing. Hartmann (13) suggests that the 'concretization of thought' in schizophrenia regularly involves 'the investment of banal perceptions with new and often portentous meaning', arising apparently from similar regressive representations of thought.

Objects in the analyst's office readily become symbols of unexpressed thoughts:³ patient A used the pencil he had seen on the analyst's desk, patients B and C, the curtained window in front of them. Relatively unimportant objects were chosen, just as by the dream work and in symptom formation, to screen the more commanding object. In the analytic situation, this more commanding object is inevitably the analyst. Freud (9) pointed out that in analysis, as in hypnosis, the patient may be consciously occupied with monotonous or uninteresting perceptions, or may claim that his mind is a blank, when actually he is unconsciously concerned with the therapist. This mechanism seems to be a constant feature of the transference neurosis, especially if we include the patient's references to events immediately before and after the analytic session which readily represent the analytic situation itself. (Not only temporally but spatially, as the observations of Balint substantiate [2], the world of the analysand revolves about the couch.) Ultimately, the repressed thoughts that condense about the contemporary object draw sustenance from the memories of the past.

The beginning and end of the session is likely to be marked by transitional perceptions, akin to the Isakower phenomena which record the passage from one degree of consciousness to another.⁴ Patient D, a high-pressure executive was striving, early in his analysis, to express angry feelings about the analyst for which he could find no realistic justification. He terminated an unproductive session, carefully limited to a discussion of business problems, with a sudden outburst: 'I don't like the color of your walls. Brown! Did you pick it? [Actually my walls are not brown.] As I walked down the corridor coming here, I noticed a funny smell as of Chinese cooking. At one door, I could hear people quarreling. I saw an elderly man go in there once. I wouldn't like to have him come bursting out and see me

³ See also Fisher's observations on the use of recent perceptions in dream imagery (6).

⁴ The use of the window by B and C is like the dream screen during fantasies on the couch. The dream screen in sleep often seems to represent the closed eyelids, whereas in free association it represents the closed lips.

as though I were eavesdropping. It would be very embarrassing.' ⁵ These references to smells, sights, and sounds served as defenses against voicing coprophagously-tinged fantasies relating to the analyst. The same fantasies also underlay his reflections on business matters that occupied him as he was lying on the couch.

The next day, with his feelings unchanged, D opened the session by declaring: 'I can't deny that I am peeved this morning'. (No one had accused him of it.) 'I have to come up here in a hot crowded subway pressed against smelly people of all colors.' Again recent impressions were used to represent the deeper fantasies. It is interesting to compare this imagery with the Isakower features of unpleasant sensations that envelop and force themselves into the person on the brink of sleep, just as D was on the brink of the analytic session.

During the night between the two sessions, he dreamed that he was in a yellow Cadillac, trying to pass an older man who was insistently driving his car on the left side of the road. The patient blew his horn furiously to make the other man pull over to the right; at the same time he knew it was against city ordinances to make so much noise. He awakened from sleep in a state of frustration and anxiety.

D had announced from the beginning that he did not believe analysis had to be such a long-drawn-out affair as it often is; that by a businesslike approach, one should get to 'the bottom' of things rapidly. This dream, like many anal dreams, reversed many elements in the real situation and thus signified the underlying wishes of the patient, which were opposite to those he expressed. The analytic situation was the day residue of the dream, but the relative positions were reversed. I sit behind and

⁵ Under similar circumstances, another patient arose from the couch with an even more clearly defined experience of what might be called an 'awakening Isakower'. He reported that suddenly it seemed as though he were in a wide room with many windows,—an expansion of the ego boundaries, apparently, after the constricted 'sleep' on the couch; the windows (open eyelids) were a 'waking dream screen' that referred also to the mutual scrutiny that would now take place between the analyst and himself.

to the right of my patients. D's real fear was that the analyst, becoming aware that he was stalling and pressing him to communicate, would pry into his life like an eavesdropper, entering anally through the backdoor of the unconscious. Once indeed, in childhood, he had eavesdropped on his father. Apparently all the senses (including time and space) were used in this series of fantasies to reverse reality.

ANAL 'AWAKENING' IMAGERY DURING FREE ASSOCIATION

The imagery of the dream may be observed in the process of formation during free association. Similarly, the 'awakening' from sleep, when dreams are so often formed, may be compared to interruption of free association. We have thus far considered especially instances in which the interruption is motivated by inner resistances and is followed by imagery which represents immediately submerged thoughts. In these images we often find evacuative processes represented and we may regard them as autosymbolic manifestations of the waking process itself. Waking, as Lewin in particular has pointed out (20), is often an evacuative interruption of sleep with contributions from the superego.

Occasionally the analysand experiences a desire to urinate or defecate at such times, thus extruding the unspoken thought and emerging from the somnolence of free association to the waking state in which his secondary processes may intensify their censorship. Patient D, struggling against engulfment in the analytic process, 'awoke' to find himself in a 'brown study' associated with many coprophilic fantasies. Patient A offered an example of a variant of this process when he, in a moment of resistance, fell asleep and awakened with the dream that he was 'passing' a yellow pencil to the analyst (his younger brother).

The vision of a 'bolt of lightning' seen by patient B during a moment of insight is also an awakening dream with evacuative implications, suggesting a sphincter (censor) that has suddenly lost control. Many times this patient at a moment of reluctant insight had a wish to pass flatus: an undoing mechanism which

treated the insight as a dreamlike experience and isolated it from reality.

Another of B's visions on the couch illustrates how regression toward sleep and away from free association can be represented as a reparative closing of the sphincters to exclude insight and regain control. This time, B fixed his eyes on the Venetian blind of another window in a self-hypnotizing fashion and commented that it all but completely shut out the light. He thought next of a screen he could have bought in Japan but that had been too expensive and too heavy. Still, perhaps he should have bought it; it might have been useful in soundproofing his library. At this moment his eyelids felt heavy and he closed them. Next he recalled how the teacher had caught him drawing 'dirty pictures' in school. In these associations he was trying to resolve conflicts over coprophilic exhibitionism. The screen-eyelid-sphincter component isolated him from contact with the outer world, but at the same time he projected onto this isolating mechanism, as onto a dream screen, images that both removed him to great distances of place and time and gratified his anal wishes. Memories of the past, both in dreams and in associations, frequently serve as isolating devices to ward off intrusion of the present stimulus.

Similarly the patient may set up a sphincter against a disturbing stimulus by raising a barrier through which the voice of the analyst may not penetrate. A female patient maintained a constant stream of effortless speech which was merely increased in speed when the analyst spoke to her, so that his comment did not 'enter' her mind; his existence was negated. Her sexual life with her husband was an exact counterpart; he might enter her physically, but she continued her own thoughts and movements without inner interruption.

Intrusions into free association, with subsequent 'awakening dreams', may come either from within (resistance) or without. The end of the hour is an intrusion from without and the associations of the patient often indicate his unspoken awareness of the impending change and his efforts to control it. Episodes may

come to mind that recall separations experienced in the past, losses of parts of the body, operations, funerals, and birth. Or plans for activities later in the day are discussed: the patient has already left the session. There may be direct desires for evacuation, or defecation may be represented by a sudden flood of dreams, associations, and recollections which come only at the end of a 'constipated' period and lead to fury and reproaches if interrupted. 'Constipation' itself and the efforts of the patient to overcome it are represented by breaks in free association and feelings of distress which merge toward the nightmare awakening as the patient complains that he is 'up against a stone wall: nothing comes', or feels anxiously suspended in mid-air as he identifies himself with the fecal mass or the infant that is awaiting expulsion from the womb. Other determinants and meanings are of course also associated with such fantasies.

Another external interruption is the ringing telephone; this of course would not occur under ideal conditions. The effect is often comparable to the disturbance of sleep by an alarm clock, with ensuing alarm clock dreams. Superego responses are illustrated by a patient who, having spent the earlier part of the session in fretful nagging and complaining, remarked glumly that the telephone interruption was doubtless a punishment for these sins. Another felt that it must be his employer on the telephone, determined to track him down, though he could not have known of his whereabouts. The telephone call is often interpreted as a comment by the analyst as when one patient, who had been elated and boasting of his accomplishments, immediately became downcast as though the analyst, by diverting his attention, showed that he was unimpressed by the patient. Often the patient, soon after a telephone call, talks about some telephone call that came for him and describes in this call his own fantasies about the analyst's recent conversation. This may well be likened to the dream within a dream.

The two following examples show in more detail how a telephone interruption arouses images of evacuation of the bowels. A young woman remarked that she felt dizzy after the call, as

though she were coming out of ether (referring to an actual very traumatic operative procedure). Then she became possessed by a great fury and the feeling that she wished to pass wind (a more active mastery of the trauma and a 'blowing away' of the operative intrusion of the ether into her body). A long period of silence followed; then she explained that she was holding herself in, establishing apparently an auditory blank dream with the closed lips-sphincter as screen. The rush of past memories and the infantile repression precipitated by the trauma of the telephone call which broke through her defenses were to her like loss of sphincter control.

A telephone interruption produced the following effect upon a patient who was menstruating and reacting as usual with castration anxiety and denial. It seemed to her for a moment that she awoke and that the stars were falling in a heavy blue mass of snowflakes. There was such a feeling of reality associated with this hallucination that she looked out the window to see if it were true. The heavy mass that was falling was apparently an outward projection of the menstrual sensations, the sense of reality being drawn in part from the fact that she really was menstruating and also from the collapse of her masculine fantasies of denial (represented by the falling blue stars).⁶ Other recurrent dreams helped to confirm the evacuative element in this imagery for she frequently responded to anxiety, anger, and menstruation with dreams of bombs falling from planes. These too seemed very real and did indeed have a basis in reality from wartime experiences in early childhood.

One patient, more inclined to act out, rose from the couch after a telephone interruption and ostentatiously turned a statuette so that its back was presented to the analyst. As she did so, she remarked, 'Things should be different here'. Her behavior seems similar to that of a dreamer described by Grotjahn (12) who awakened as he dreamed that he turned his back

⁶ FitzGerald's *Rubáiyát* of Omar Khayyám opens with the lines: 'Awake! for morning in the bowl of night hath flung the stone that puts the stars to flight!' This appears to be an evacuative image of awakening.

angrily and decisively on another man. This was interpreted by Grotjahn as a turning of the back on sleep itself; in both instances, I believe, this awakening was also a defiant evacuation.

It is not surprising that the analysis, as well as the termination of analysis, may be an external interruption that elicits similar imagery. For one man, chronically troubled with constipation, whose dreams regularly represented intruders interfering with his oral and sexual pleasures, the final session, which came when he was about to marry, brought the following dream: 'I was in the kitchen eating breakfast with my mother and sister. Suddenly a mouse ran in and the women became hysterical. I picked up a broom and crushed its back. Then I picked it up by the tail and dropped it in the garbage can, commenting as I did so: "This is the end of it!".' He had learned to deposit intruding elements in the right place at the right time and could now enjoy his oral and incestuous desires without further fear of interruption. Those who waked him—the father and the analyst—were reduced to a size in which they could be properly evacuated.

Writers and dramatists frequently avail themselves of similar symbolism. In *Alice in Wonderland*, Alice, who has grown too big to remain in the womb-wonderland of sleep, is expelled as the dream figures turn to dead leaves and fall down from the trees,⁷ a fecal imagery of awakening that corresponds to Alice herself being evacuated from the hole in which she had been making her abode. In the sequel, *Through the Looking Glass*, the oral satisfactions of sleep become truly dangerous as the other characters turn into food and Alice rescues herself from her oral sadism by grabbing the tablecloth and bringing down the entire assemblage of guests and dishes to the floor with a sudden pull. This repeats, I believe, the turning of the dream figures to dead leaves which occurs at the ending of the first book of adventures. By making a fecal mess, Alice awakens and

⁷ The falling of the leaves as awakening symbols also suggests the falling of the stars in my menstruating patient and in the *Rubáiyát*. Birth, death, and waking are associated with the evacuative imagery.

saves herself from the oral dangers of further sleep. If Alice were not the male Lewis Carroll, I should suspect that the messy tablecloth referred to menstruation; perhaps it does, even so, terminating abruptly the residence in the womb.

THE VICISSITUDES OF THE IMAGE

Endless instances attest to the use of the analytic situation as day residue for both dreams and free associations. Sexual excitement on the couch is often suppressed, consciousness dwelling instead on some surrounding stimulus, such as in Freud's description of the ticking of a clock which displaced outward the sensations in his patient's genitals (8). Creative activities may be fostered at such times, as in Eckermann's impulse, described by Eissler (4), to draw the picture of a horse on his father's package of tobacco rather than to verbalize his oedipal feelings. Acting out and clinical symptoms may be alternative forms of expression when the defenses require deeper regression. Thus the perceptive substitutes for the idea may be displaced internally, as in the amputee described by Noble and co-workers (21), who experienced sensations of a phantom limb under the influence of sexual excitement.

Basically, in such interplay between imagery and ideation, we are dealing with normal mental activity as it fluctuates between the primary and secondary processes, between the search for identity of perceptions and identity of ideas. One surface of consciousness is always turned toward perception, the other toward preconscious thought. Free association, by encouraging suspension of the secondary processes, promotes the substitution of imagery for ideas (see Freud's discussion of Silberer [10, p. 233]). A regressively introverted use of the critical functions occurs; they fuse with the experiencing portion of the ego on the couch (23), making of the perception a newly created symbol of judgment. This may be seen in the related phenomenon of fetishism, which criticizes in its screen image the image that has gone before. This shift makes use of, or helps to create, an isolation of perception from thought which reaches a climax

in the blank dream in which, as Lewin suggests, there is complete failure to project the hidden thought (a prototype of traumatic disavowance, fixation, and repression in general).

Also related to this use of imagery is the concept of 'elliptical thinking', a term applied by Freud to obsessive doubt about an immediate object in place of a repressed thought that cannot be spoken (7). The rejected thought is thus extruded as a projection; the conscious ideas that it links remain as an unbroken façade which, in the absence of apparent connections, may take the form of a delusion or be sensed as an inexplicable conviction, affect, impulse, inspiration, or bodily feeling attached to an idea.

The persistence of the repressed thought in finding an outlet is reminiscent of Fisher's fascinating experiments with perceptions, which presumably explore the same psychic functions (6). In analysis, this craving for an outlet (the return of the denied with a claim to be heard) may take the form of an urge to confess, by means of which the perception reappears through a circuitous route, often with excretory aspects. A woman patient, E, dreamed that she was looking at the genitals of an elderly man, now dead, which were outlined through his black pants. She awakened in horror with the thought, 'I must tell this to the analyst'. Her suppressed impulse to tell the analyst what she really desired to see was brought back to the couch in the indirect guise of a dream,—under cover, like the genital itself. This helped her therapy by clarifying her states of anxiety during the sessions. Next she recalled that after the death of her father she frequently found herself saying, after some interesting experience, 'I must tell father this after I get home'. The impulse to confess balanced previous sins of omission and had both genital and anal correlates.

This patient considered her father guilty of 'black' misdeeds, punishable by castration and death, and this judgment of him she represented by a perceptual equivalent, the blackness of his pants.

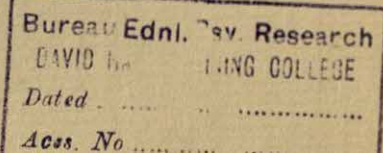
The struggle of the image to reconstitute itself may lead to

motor activity, an outlet denied by the dream and by free association but made available by acting out between sessions. Images in dreams and free associations assume a prophetic character because of this inherent disposition of the image to recreate itself in its entirety. The secondary process itself arises through the use of motor mechanisms to recapture the image that is sought. In the case of D, who could not tolerate slow drivers in his dreams, prophecy began to fulfil itself when, instead of appearing promptly for his sessions, he encountered one obstacle or another that regularly made him late.

One image which arose on the couch and haunted a patient throughout a weekend is especially instructive. On Friday, at the end of the session, this man was thinking of the expected visit of a former suitor of his wife. He was recalling with amusement that he had once been jealous of the man. Today he was no longer jealous of him; but behind the recollection lurked his present jealousy of his wife's devotion to her analyst, a jealousy that had played its part in his decision to begin his own treatment. In my closing remarks, I pointed out this parallel, perhaps not at a fortunate moment.

Monday brought a dream in which the patient was somehow aware that his brother was in the next room. Then 'somebody' struck the brother sharply and he left with an inaudible remark, —a tableau which I think had its origin in the interchange at the end of the last session. The remark that was not audible on that occasion apparently found its motor elaboration during the intervening period. Associations to the brother yielded the information that the brother's wife had announced over the weekend that she was about to begin an analysis. This pleased the patient greatly; his brother's home life had always seemed so happy and now he felt sure that this could not have been so. Certainly it would not be true any longer.

Next, the patient recalled that his niece had worn her hair in a pony-tail and he had impulsively yanked it at dinner with such force that the child had cried out. At dinner too the wife's old suitor had monopolized the conversation. Only one recollec-



tion of this conversation remained prominent and of this the patient spoke much during the session. The old suitor was now the adviser to a famous man who had a reputation for his benign and friendly character but was in truth given to temper tantrums and had once thrown a steak into the face of a waiter. As he said this, the patient, usually reserved and sometimes inaudible, laughed with gusto.

It seems apparent that this was the image that finally reversed the more humiliating one he had carried with him since Friday. The verbal slap he had accepted from me silently and without retaliation was compensated for indirectly by identification with the aggressor, the wrathful great man whose slap in the face had to be received in silence by the waiter. By telling of it, the patient transferred the scene back to the analytic situation in which it had arisen and obtained justice. During the weekend, there had been a series of episodes that had only partially provided the satisfying image as he gloated over his brother and tormented his niece. These real scenes were comparable to a series of dreams in which the latent content tries and discards a number of manifest contents until the wish-fulfilling image is attained and grants a maximum degree of catharsis. (It is relevant to this patient's imagery and reactions, which show sado-masochistic oral frustration and anal retaliation, that premature ejaculation was a prominent symptom.)

Fisher's experiments showed that a basic image strives to reconstitute itself in its entirety. The introjection of the image is presumably affected by the degree of oral receptivity, the recollection by evacuative habits. It would be of interest to correlate such experiments with these deeper trends. Moreover the imagery seems clearly to be a test not merely of perception but of the latent thoughts about the examination situation which cluster about the percepts and express themselves in the images. The image serves to symbolize first, the examiner in the present; second, the parental figures of the past; and third, the ego of the experimental subject himself. Fisher's tests there-

fore show not merely a striving to re-create an image but also a total situation which the image represents.

The final analytic session in the treatment of the patient just described illustrates the meaningful intrusion of the past into the present imagery through a latent thought that is not being uttered in free association. This patient desired to avenge himself for past humiliations by inflicting similar ones in the present on the analyst. As the hour drew to an end, he spoke of two events that had occurred just before he left his own office to come to the session.

First, he had discharged an employee that day but insisted on giving him extra severance pay. Second, an old man had been ushered into his office by mistake and had offered him tickets for a concert that would feature music he had composed. 'I don't know why I ever bought the tickets', the patient commented, 'I will certainly never listen to his music. I don't know how he got into my office at all; it seems weird. I don't even know why I'm talking about it except, now I think of it, he reminded me of my father.' And with this thought, the time for him to leave was at hand. It came with images of an office and a firm but courteous dismissal of an intruder. It was the patient who was in command in the office now, not the analyst. The kindness to the two men he discussed had its exact counterpart in the circumstances of the final session. Agreement had been reached to end treatment on the previous day but the analysand had insisted on an extra session for no apparent purpose except as extra 'severance pay' for the analyst.

The image of the office however made clearer some experiences he had previously told me of, which now at the end, in association with the father, were struggling to re-enter consciousness. The patient in his youth had been deeply attached to the father and would seek him out in his office when in trouble. There he had received gifts of money but no love. The day had come when he himself, now wealthy, had received the bankrupt father in his own office and had dismissed him with money but without love.

The termination of the analysis had a similar significance for the patient, who was now taking over a very impressive job in another city and had 'no time' for the analyst. Treatment ended therefore with the triumphantly acted out reversal of a previous image rather than its recollection and working through, as should have occurred for true completion of analysis. The struggle between remembering and reliving was shown in this final day residue on the couch and the decision in favor of reliving was voiced in a parting commentary with which the conflict was resolved: 'If there is anything I have learned in this analysis, it is the ability to kick people out of my office politely'. With this evacuative secondary elaboration of the image of dismissal, he reduced father and analyst alike to small sums of money that he could part with magnanimously while retaining the great bulk of his possessions for himself;—that is, he could remain in the office which to him represented a mother.

DISCUSSION

The analysis of the patient's perceptions during free association really carries us back to Freud's earliest analytic technique as he left hypnosis behind him and embarked on his new method of evoking past memories. Applying his hand to the patient's forehead, he would call upon her to conjure up the forgotten memory in the form of a picture that she would see before her (11). These forced fantasies, or hypnotically induced dreams as we might now call them,⁸ served as intermediate guides, to be followed by verbal associations. Freud insisted that the patient concentrate upon the image until the last detail had been explained; the results led to the goal 'every time'.

He likewise observed that somatic symptoms—the patient's pain in the legs—'joined in the discussion', and that these inner

⁸ The present study continues my previous investigations on interrelationships between the hypnotic and the spontaneous dream (18); the analyst as regulator of the sleep-waking mechanism (17); and the shifting images that portray and communicate the relation to the analyst as the patient's mental state fluctuates between sleep, free association, and waking (15, 16).

perceptions were a confession that she was not communicating all her thoughts. The physical sensations were therefore the equivalents and representatives of unspoken thoughts.

The path toward verbalization proceeded with memories, for example the recollection of an erotically tinged conversation with 'another' man who knew how to treat her affectionately when she was ill and who could understand her with a mere glance. That Freud did not recognize in this a hint from the patient and a picture of the immediate situation, produced under the pressure of his hand, attests to the fact that much was still to be learned about the manifestations of transference. Yet we see that from the beginning the analytic situation itself provided a basis of perception, through both inner and outer sensations which shaped the successive associations of the analysand.

The choice between the internalized and the externalized sensation, and the extent to which these are translated into memories, words, or actions, depends upon the form of the neurosis and the current transference relationship. Patient C, whose resistance at one moment took the phobic form of a fantasy about a man climbing through a window, under other circumstances experienced headaches which internalized the same idea. The image portrays not merely the object but also the reactive disposition of the ego: it shows the momentary attractions and repulsions that exist between the ego and the nonego. It contains evidence therefore as to whether communication is being internalized or externalized and whether it is under the influence of the primary or of the secondary process.

Basic questions remain unanswered. What is the relation between the visual and the auditory image, and between perception, image, and idea? It seems most closely in keeping with analytic usage to regard an image as the memory of a perception, an idea as an image that has acquired the function of a symbol.⁹ The analytic technique itself favors the auditory image

⁹ I am indebted to Doctors Fisher and Eidelberg for their discussions of these points at a presentation before the Psychoanalytic Association of New York, January 20, 1958.

over the visual and the idea over the image. The less favored forms tend to be shifted into the preconscious background where they can more readily be amplified by the unconscious and to enter into the foreground in moments of resistance when the more favored 'language' of the analysand is interrupted by resistance. The position of the analyst, hidden from the patient, is likewise a factor in cathecting visual imagery with background and unconscious significance. Other nonauditory imagery, such as of motor impulse, or temperature and cutaneous sensation, receives similar background cathexis. The emphasis on verbalization during free association also obscures the relation of image to idea. Progress in treatment may actually be marked by the interruption of free association and the emergence of the background imagery, rather than words, as resistance diminishes and true relaxation occurs.

The choice of images or their elaborations serves during free association to regulate the distance of the patient from the analyst. The sequence of the associations throughout the sessions, as well as the behavior between sessions, reveals the characteristic compromise formations through which this distancing is achieved. By virtue of the transference, the couch becomes the repository of images emanating from both outer and inner reality; it is in effect a concretization of the preconscious apparatus and a dream screen against which the patient himself is projected. The migration and transformation of images from the couch inwardly toward dreams and symptoms and outwardly toward words and actions provide useful tracers for charting the direction and meaning of the mental processes. The synthesis of these images, through the interpretations of the analyst, creates that special form of perception that we call insight.¹⁰

¹⁰ Many images achieve motility on the couch. Automatic rubbing of the eye betokens moments of insight; itching and rubbing of the left eye especially signify dawning insights that are unwelcome. This involves a transposition of emergent onanistic impulses and a desire to 'awaken' from the insight that is now consigned to the status of a dream.

SUMMARY

The play of mental forces in free association causes it to be characterized by constant oscillations between imagery and ideation. This oscillation affords the analyst a unique opportunity to study image formation at stages intermediate between the dream and waking thought. The present study emphasizes especially the regression toward imagery at moments of resistance, the relation of imagery to typical aspects of the analytic situation (such as the end of the session), and the transformation of objects in the analytic environment into day residues which strive to re-enter consciousness in dreams, free association, and acting out of the transference. Somatic and communicative aspects of image formation are discussed and comparison made with the metaphors of writers.

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THE INCEST BARRIER

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INTRODUCTION

What is the nature of the incest barrier in the family and in the psychoanalytic transference?

In an average analysis which proceeds in a reasonably predictable manner, the patient usually begins with residues of œdipal material expressed in his current living. Because of conflict at this level in the analysis, regression to preœdipal material is most common. Analysis of the pregenital strivings, with considerable resolution of ambivalence, then establishes a more stable foundation for what remains to be analyzed. With such a foundation of firmer emotional security and the patient's recognition of his basic capacity for loving and being loved, the œdipal conflict is again approached. In this final phase of analysis of the œdipal conflict, much castration anxiety and guilt are resolved. Upon resolution of these deterrents to the incestuous aim, the question arises as to what realistic barrier remains to prevent incestuous fulfilment in the analysis. If there is a barrier, what is its nature, origin, and advantage?

HISTORICAL INQUIRY

Freud (4) asked himself, 'What is the ultimate source of the horror of incest which must be recognized as the root of exogamy?' He said, 'To explain it by the existence of an instinctive dislike of sexual intercourse with blood relatives—that is to say, by an appeal to the fact that there is a horror of incest—is clearly unsatisfactory; for social experience shows that in spite of this supposed instinct, incest is no uncommon event even in our present-day society, and history tells us of cases in which incestu-

Read at the meeting of the American Psychoanalytic Association in Chicago, May 1957.

ous marriage between privileged persons was actually the rule'. After extensive consideration, in *Totem and Taboo*, Freud said, 'At the end of our inquiry, we can only subscribe to Frazer's resigned conclusion. We are ignorant of the origin of the horror of incest and cannot even tell in what direction to look for it. None of the solutions of the enigma that have been proposed seems satisfactory.'

Freud nevertheless felt impelled to mention another attempt at solving it: 'This attempt is based upon a *hypothesis* of Charles Darwin about the social state of primitive men. Darwin deduced from the habits of higher apes that men, too, originally lived in comparatively small groups or hordes within which the jealousy of the oldest, strongest male prevented sexual promiscuity.'

From Darwin's theory of the primal horde, Atkinson (1) hypothesized that in such a group the younger men inevitably would band together, revolt, and kill the paternal tyrant. Such a revolt would be followed by rivalry, fighting, and consequent disruption of the organization. To prevent the rivalry that would destroy the organization, it was necessary to erect the incest prohibition.

Freud recognized that it was difficult to explain the persistence of the incest barrier on the basis of this hypothesis. 'I do not claim', he said, 'that these problems have been sufficiently explained or that *direct communication* and tradition, of which one immediately thinks, are sufficient to the task'. As an addendum he chose a phylogenetic answer: 'A part of the task seems to be performed by the inheritance of psychic dispositions which, however, need certain incentives in the individual's life to become effective'. He clarified this statement to some extent with the following: 'We may safely assume that no generation is able to conceal any of its more important mental processes from its successor—everyone possesses in his unconscious mental activity an apparatus which enables him to interpret other people's reactions, that is, to undo the distortions which other people have imposed on the expression

of their feelings'. Freud does not explicitly state that this is a phylogenetic concept. One could just as well interpret this as unconscious behavior or concept of behavior learned by living together and understanding the unconscious attitudes of the older generation. The child senses the unconscious prohibition and disapproval of the parents whenever it makes sexual advances to either parent.

Freud certainly believed that castration anxiety was phylogenetic. In reviewing these concepts in 1945, Hartmann and Kris (5) disagreed, and wrote that implicit attitudes and anxiety among significant adults were sufficient in themselves to cause an intense fear in the child.

In 1939 Kardiner (7) published an analysis of several different cultural groups on the basis of descriptive data furnished by the anthropologist, Ralph Linton. In this work Kardiner delineated the relationships between personality and culture, elaborating 'the common-sense observation that a Hindu is "different" from an Eskimo'. Without the aid of history, no satisfactory psychologic explanations of the origin of primary institutions could be achieved. Primary institutions varied greatly between cultures and included family organization and basic disciplines of feeding, weaning, and sexual taboos, including aim or object, or both. Kardiner demonstrated that the *œdipus* conflict was far from a basic universal phylogenetic structure, but was the resultant of a definite series of primary institutions. In the various cultures studied there were wide variations of rigidity, scope, and enforcement of the incest barrier. The one universally prohibited aim was found to be mother-son incest.

In 1945 Fenichel (3) wrote, '... the *œdipus* complex signifies the combination of genital love for the parent of the opposite sex and jealous death wishes for the parent of the same sex. ... In this sense the *œdipus* complex is undoubtedly a product of family influence. If the institution of the family were to change, the pattern of the *œdipus* complex would necessarily change also. It has been shown that ... societies with family configurations different from our own ... have different *œdipus* com-

plexes. . . . The problem of the origin of the œdipus complex is thus reduced to the problem of the origin of the family, an interesting and still unsolved chapter.' Fenichel appreciated Freud's postulate of the phylogenetic origin of the œdipus complex in the jealousy of the chieftain of the primal horde; however Fenichel concluded, 'different environments provoke different reactions'.

What are the sources of the child's castration fears in the œdipus situation? As Freud says, the child understands the conscious and unconscious attitudes and operations of its parents. In other words, in the œdipus situation the child appreciates the unconscious jealousy and prohibitive attitude of its elder rival. This is a factor in its guilt and castration anxiety. The child also has its own ambivalence to master. It is jealous and destructive in its motives toward the rival and also toward the frustrating object of its instinctual wishes. It realizes with anger the parents' special passionate love attachment for each other which excludes it. It is simple, then, for the child to project its hostile destructiveness toward the parents which, however, only intensifies its own fears. As Hartmann and Kris (5) put it, 'the intensity of fear is not only linked to [the child's] present experience, but also to similar experiences in the past. The dreaded retaliation of the environment revives memories of similar anxieties when desires for other gratifications were predominant and when the supreme fear was not that of being castrated but that of not being loved. In other words, pregenital experience is one of the factors determining the reaction in the phallic phase. This simple formulation refers to a wealth of highly significant experiences which form the nucleus of early childhood; to the total attitude of the environment toward the child's anaclitic desires, when the need for protection is paramount, and toward the child's later erotic demands.' These may be the total sources of castration fear in the little girl, and in both sexes the validity of such fear is apparently corroborated by the observation of the genital, anatomical differences between the sexes. We shall, however, consider whether an even

deeper source of castration anxiety may not operate in the little boy within all cultures so far studied.

ABROGATION OF THE INCEST BARRIER

We have studied many cases of father-daughter incest, from little girls to young women. Some daughters have displayed little or no anxiety; others have manifested severe neuroses, perversions, promiscuity, and psychoses. We have seen many instances of the same symptoms among boys whose mothers have been highly 'seductive'. We have encountered no instance of literal mother-son incest. We are grateful to Dr. Irene Josselyn (6) for telling us of a case of mother-son incest in which there was no discernible anxiety. We have a number of cases of mother-daughter incest, and of mother-father-daughter incest, in some of which there were somatic and neurotic symptoms, some in which there was psychotic anxiety, and some in which there was no unusual anxiety. How can we understand the significance of these highly variable reactions?

If, as Fenichel and Kardiner observed, different environments provoke different oedipal reactions, we should find such evidence in our cases. We have had many cases which substantiate such views. The authors present two cases exemplifying father-daughter incest with little visible anxiety, fear, or guilt in the daughter where the mothers were passively collusive. Possibly, from such cases, we may achieve some further understanding of factors inherent in the incest barrier.

CASE I

Ten-year-old Marion was brought for consultation when the mother finally, after three months, became angry and disturbed, declaring that the father's sexual advances to the child must stop. From the time the child was four until she was ten, the mother had condoned the father's sleeping with Marion, his touching her genitals and placing his penis against her genitals. He had attempted intercourse, but had desisted when the child complained of pain. Marion was encouraged to fondle

the father's genitals and the mother knew of this. The father became anxious and depressed when his wife finally prohibited this behavior. As a result, he sought a psychiatrist, who sent him to us. Recently, Marion had been making sexual approaches to boys in school and in the neighborhood.

Both parents were college trained. The frigid wife had always rejected the sexual advances of her handsome husband. Her father died when she was one year old and later, over a period of years, an uncle had been 'seductive' with her. This woman preferred mutual masturbation to coitus. She had complained mildly for several years to her husband about his advances to the child, but had acceded limply when he replied that his behavior was the result of his wife's frigidity. The mother expressed no feeling that she was responsible on the basis of her complete vaginal anesthesia. The daughter was frequently allowed to watch the parents indulging in mutual masturbation. The wife suspected that her husband had some homosexual inclinations.

The father, a large, handsome man, was the son of a father who had been harsh to him and unloving to the mother. She had turned to her son for consolation with completely inappropriate expressions of affection. Her son, now the father of the child we were seeing, manifested intense hostility toward his seductive mother. When, as we have said, this man's wife finally interfered between him and Marion, he became depressed as his anger toward his mother and his wife was mobilized.

The child was pretty, neat, mannerly, and completely composed. She tried to please and attract attention from men with seductive mannerisms. She said that her mother and father had told her to tell 'everything'. She spoke calmly of her interests and friends. She often dreamed of snakes and falling off cliffs, she said. She talked in detail, without any anxiety, about her father's sexual play with her. She said she had not thought it wrong until recently; her father now always put the blame on her, or told her that her mother was the one who caused him to do such things. Lately she had been telling her mother about

these episodes because her mother had told Marion to run to her if her father 'bothered' her. The child said that she wanted to stay with her parents.

CASE II

A twenty-four-year-old nurse requested psychotherapy because of anxiety concerning her nursing career. Recently, she intensely disliked patients requiring considerable nursing care, especially elderly female patients. The genesis of this dislike stemmed from her hostile relationship with a paternal grandmother who had been rejecting and critical, but also physically seductive. Through the years, she had become aware of this hostility and expressed her anger toward the patients.

Purely as a matter of historical record and without anxiety, she spontaneously commented that she slept with her father until she left home at the age of eighteen to train to become a nurse. She literally took her mother's place in the parental bedroom when the mother deserted the father when the patient was twelve years old. Long before that, the mother had abandoned the child to the care of the father. For six years she had been her father's sexual partner, enjoying intercourse without any sense of guilt. The patient had never been aware that her father thought it was wrong, and the sexual relationship had never been questioned by her father's mother. When the grandmother was ill she would sometimes ask the patient to be her bed partner; when she did, mutual masturbation frequently ensued. In such instances the patient was aware that she and her grandmother were anxious. She became ashamed and then repelled by this, setting her own limits on it at the age of fifteen. She had never felt repelled or in need of abandoning the relationship with her father.

CASE III

In the case reported to us by Dr. Josselyn the patient was twenty-three years old. His father periodically deserted the family and was often in jail. They lived in an isolated Ken-

tucky mountain community. The family physician told the boy that since he was the eldest, he should take his father's place in every way and help his sick mother become well. The young man was not mentally deficient, and recounted the details of his sexual relationship with his mother with no apparent feeling that it was of any particular significance. Dr. Josselyn found no evidence of psychopathology in the young man.

Among the cases presented, in which a sense of guilt was absent or only recently felt, the fact is that both parents condoned the incest. This is true in other similar cases. From our studies of father-daughter incest, collected from all economic classes, it is the rule that the daughter is compliant if the father manifests no sense of guilt and the mother is collusive or indifferent. When the mother is not permissive and the incest is consummated surreptitiously, both partners feel great anxiety and guilt.

We have histories of several ten and twelve-year-old boys from intellectual, 'progressive' families who fondled their mothers' breasts in the presence of their fathers and others. At the time some were observed, the boys had no evident guilt or anxiety. The rage in these boys when they are made to understand that such actions must stop is tremendous: some boys with such a history have been apprehended for grabbing at women's breasts.

If mother-son incest occurs as often as father-daughter incest, we certainly do not hear about it; yet in our society there seems to be less prohibition against expression of partially seductive attitudes of mother toward son than against father toward daughter. This strict genital taboo may allow for greater expression of partial (polymorphous) sexual indulgence. The loosening to this extent of the incest barrier nevertheless produces its own pathologic processes in the genesis of sexual perversions (9).

Although we feel that powerful factors in conforming to or transgressing the incest barrier are dependent on conscious and unconscious communication between the parents and the child,

we cannot but be impressed with the seeming universality of the mother-son incest barrier. Our investigations and research have failed to discover an account of a culture in which this barrier does not exist in a much more absolute form than the restrictions on father-daughter and brother-sister incest. Is this because there are no indifferent, permissive fathers, or should we look more closely into the whole process of growth for a possible answer? One is forced to consider the early personality developments of both male and female children as their object relations change. In this consideration, it is necessary to begin with the common and shared situation of early biologic infantile dependency. The most basic dependency in any child is on the mother, beginning with intrauterine existence, continuing through suckling, physical care, and the like. In most cultures the mother is at home with the child while the father is away. In general, the maturation process may be described as one in which an infant gradually acquires emotional and physical strength directly proportional to the satisfaction of its dependency needs by the mother and is thereby paradoxically enabled gradually to become free of dependence through a burgeoning self-sufficiency brought about by identification and introjection. The growing identification of the boy with his father is a powerful force in resolving his dependence on the mother. His maturation, however, carries with it the memory of earlier developmental stages, when all passive needs were satisfied simply and quickly and without effort, and when sustenance at the mother's breast was not gained by 'the sweat of [his] face'.

With growth, the task becomes more complex and difficult for the child. Passive longings tempt him to retreat from disappointments and difficulties to his retrospective memories of infantile omnipotence. Such an ultimate and permanent regression is physically and realistically impossible because the child's need for the mother is founded on dependency and is not reciprocated quantitatively or, in some ways, qualitatively. Even if it were, the protagonist would be faced with the difference in

future life expectancy of mother and child, which necessitates a situation in which the offspring comes to assume that there will be many years in his life in which mother is no longer available. This is a *logical* reason for the relinquishment of the mother as an object.¹

A mature heterosexual love relationship is one in which two adults share a mutual passion and a mutual reliance. The strength of the relationship is directly proportional to the equity and balance of the reciprocal interrelationship. An incestuous relationship is essentially one that has mutually exclusive aims.

Anthropologic studies reveal that Navajo Indian mothers frequently masturbate their male sucklings and kiss them passionately on the mouth while feeding them (8). Weaning is the relinquishment of sensuous satisfaction and pleasurable gratification for both mother and son. In this frustration there is a mutually transient vacillation between regression and development.

Regardless of the possible genital significances of this relationship at the oral level, its perpetuation into the genital phase is doomed to failure because of either unfulfilled infantile needs in the parent, or the perpetuation in the child of a dependency which would eventually leave him helpless and alone. In either eventuality, the fixation at an incestuous level carries with it the danger of an inherent degree of frustration and consequent hostility which is incompatible with the relative freedom from ambivalence that characterizes mature love. It is our feeling that an important source of castration anxiety,

¹ Noting Freud's statement that the suckling experience, in its satiation, is the prototype of later adult orgiastic gratification, Dr. Lewis (8) suggests that the mother-son incest barrier is doubly strong because both have participated in consummated oral incest. In a sense he believes that this is the reason for the barrier which differs from the father-daughter and brother-sister relationships, as these were not influenced by the suckling contact of the former. A double barrier thus exists which must be guarded against not only because of the danger of a return of the repressed fantasy, but against the return of the repressed oral memory.

in the broadest sense, stems from the dependency-rooted urge toward incestuous fulfilment. In this situation, 'castration' stands not merely for loss of the phallus, but for the loss of all the things for which the phallus is the symbol: independence, maturity, object relationships, potency in the broadest sense, and, most important, the ability to withstand separation and aloneness because of the recognition of one's potentiality for loving and being loved. Therese Benedek (2) has emphasized that growth means an oscillation between gratification and frustration and cannot be explained only as a repetition of the past. These factors constitute personal identity, and their acquisition comes about through the healthy resolution of the infantile state of helplessness. In other words, we cannot conceive of an incestuous relationship compatible with evolution from infantility for either child or mother.

TRANSFERENCE IMPLICATIONS

Let us examine the complications arising from the analysis of a male patient by a woman in the resolution of the oedipus conflict. Castration anxiety and guilt about the hostile components associated with frustration were analyzed. In the transference the rage at the frustrating analyst was recognized and resolved. As Benedek says, in such cases the analysis moves from the final oedipus to the late adolescent level where the patient is prepared to accept and to be accepted by an adult love object. If the patient is analyzable to the point of readiness for a genital object relationship, what then occurs in the transference and countertransference is not a simple repetition of the past relation to the mother. Toward the mother the multiple factors in the incestuous relationship are unconscious.

In our patient, at this level of analysis, powerful components of the incestuous striving and the taboo against it were made conscious. He was no longer an angry, frustrated, frightened little boy but felt himself to be a confident, lovable man. The ultimate resolution of this process was achieved with adult objects outside of the analysis.

When a male patient has achieved this stage of synthesis of tenderness and genitality, with minimal ambivalence, the analyst's feelings cannot be without content. It certainly was true during the analysis of the ambivalent œdipus in our patient, and there was no doubt as to why the analyst was frustrating to him. This is necessary while the patient is reliving his œdipal cravings; however, with a patient who has moved to the level of postœdipal maturity there is no reason for an analyst to continue to remain in the role of the frustrating parent. At this point the patient is aware that he is ready to abandon his œdipal fantasy and will sense this without its being stated. To the woman analyst the awareness of her reaction would be another item in the continuous analysis of her countertransference—positive and negative—throughout the therapy. This is not a black or white repetition of the unanalyzed mother-and-son relationship. If such intuitively empathic communications occur, is there no incest barrier operating? It appears that there is.

The patient has evolved beyond the stage in which the therapist was the omnipotent mother. The analysis of the transference does not, however, erase the positive transference memories. No relationship to another love object can ever be the same as the relationship to the mother for whom the analyst is a surrogate. To the patient it now seems, in part, a 'normal' relationship being experienced with a mature woman not associated with his mother. But analysis cannot blot out forever the unconscious traces in the memory of such an important experience in his life. This can be a subtle and emotional experience for the patient who may be realizing for the first time a tenderness associated with sexual passion undistorted by hostility and at this time the patient, himself, recognizes the necessity for growth and control.

If at this point in an analysis there is such a qualitative empathic communication, the question of a seductive attitude on the part of the analyst arises. For example, a specific question or rumination was verbalized by our patient: 'If time and circumstance were different, and I were as capable of loving and

being loved as I now am, I am sure you could have fallen in love with me', or 'I feel quite strongly at this stage that you find me an appealing adult man'. Some analysts might say that if the oedipus were thoroughly analyzed such rumination would not arise. This may indicate that these analysts regard themselves first and last only as transference objects to their patients. This is to a varying degree undoubtedly true. As stated above, any sexual relationship that has incestuous implications is incompatible with maturity. Inherent in transference is the substitution of the analyst for various important relationships in the analysand's past. Whenever this transference is resolved by analysis, the analyst's task is completed, and the patient is ready to form attachments suitable to his needs. If his development had been relatively uncomplicated he would presumably have achieved this goal without analytic therapy.

We feel that these ruminations of the patient, although historically based on the transference, are directed more to the person of the analyst as a coequal human being. This is a transitional object relationship for the patient, and we must consider both its scope and its necessary limitations to avoid a seductive binding of the patient in this transitional phase. In our opinion, this transitional phase is the first step toward the recognition of the separate individualities of the analyst and the patient. At this stage an interpretation directing the patient back toward oedipal material in the transference may only bind and perpetuate the analyst as a transference figure, even if one's words say, 'You must now go your own way'.

We consider maturation as more than a simple repetition of the past. At this stage of the analysis, in addition, there should be extra-analytic maturation going on all the time with a mature heterosexual object such as the wife, or some other really loved and loving woman.

In the foregoing transitional phase the patient is really voicing the belief that he is ready for a more mature extra-analytic fulfilment and is commenting that he believes the analyst concurs in this belief on the basis of what he senses the analyst

experiences in her own countertransference. The analyst knows that perpetuation of the relationship with the patient on a genital level would bring no real happiness or fulfilment to the patient or to the analyst. This is because of the historical roots of the relationship in the dependency and the temptation to a regression to this state. This could lead neither to growth for the patient nor to satisfaction for the analyst. By this time the well-analyzed patient should recognize this as clearly as does the analyst. At this stage the analyst *can* state that for the sake of the patient's own growth the patient must go his way. However, is this not redundant and would it not be stated in order to preserve the analyst's own feelings of superior maturation? If seductiveness on the part of the analyst means tying the patient to her by ambivalence, it seems to us that recognizing the patient's maturity to such degree as to allow the separation to be *mutually* agreed on is the best way to give the patient a real freedom, achieved partially on his own, rather than a spurious freedom which has within it the ambivalent results of being gratuitously rejected. If we are not trying to preserve the image of ourselves as a superior authority, we will recognize that the patient is not asking for a gratification that requires such rejection at this point.

The final stage of renunciation is coincident with a somber mood that is a state of mourning. The patient now poignantly experiences the sadness of separation from his childhood gratifications that he had not before—more diffusely—been capable of relinquishing bit by bit during his life. Analysis of a patient of the opposite sex may perhaps place a greater responsibility on the therapist. His or her countertransference in every instance requires careful scrutiny. Unless the therapist is quite secure, he or she may be threatened in final phases of the therapy by the patient's avowal of mature genital fantasies to the detriment of the patient's striving toward genitality. In the ultimate phase of analysis of a woman by a man, the patient's temptation toward regression to a dependence should not be so great; however, many women analysands under treatment by a

subtle male analyst may necessarily have been carried through as profound a dependent mothering as any man treated by a woman analyst. As a matter of fact, if a woman has a deep-seated problem with her mother, the male analyst might be better equipped to resolve her mother-daughter dependence. When such a woman patient has resolved her ambivalent oedipus, the result will be equally successful if she is not discouraged from feeling that she has succeeded.

SUMMARY

To explore the origins of incest and the taboo against it, Freud was influenced by the Darwin-Atkinson hypothesis of the primal horde. Re-examination of incest from recent anthropologic data confirms that the taboo has its origin in the jealousy of the father. Such data indicate, however, that different ethnic groups have different oedipal conflicts according to variations in family habits and customs. Clinical instances of father-daughter incest demonstrate that such relationships have been fostered by both parents. This fact indicates that an important factor in the incest barrier rests on conscious and unconscious communication between the parents and the child.

A theoretical résumé of the terminal phase of analysis of a man by a woman analyst is presented. Thorough analysis of the castration complex, in the classic sense, may not be a deterrent to incestuous genital strivings toward the analyst. Examination of the last barrier in analysis indicates that in some instances it may be a mutual fantasy. In such instances it is believed that the analyst's countertransference can be a threat to her which she parries by attributing her patient's recently acquired genital attitude toward her as an infantile striving to his detriment.

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INFANTILE DEPRIVATION AND ARRESTED EGO DEVELOPMENT

BY RUTH F. LAX, M.A. (NEW YORK)

A girl of seven, a foster child in a second foster home, was treated over a period of two and a half years. She was described by the foster mother as unruly, a child who did not hear when called or spoken to, had temper tantrums, loved to play with dirt, all of which the foster mother countered with threats of another eviction.

By court commitment, the child had been placed in an orphanage at the age of five, remaining there three months. She had first been brought to the attention of authorities by neighbors because of the extreme neglect to which she had been subjected. She had been dressed in rags and either locked in or out of the house for hours. The mother was subsequently institutionalized with a diagnosis of schizophrenia with paranoid trends; the father was estimated to be psychopathic. Both parents were college graduates and came from upper middle-class families.

In the first foster home the child cried excessively and had temper tantrums, seemingly related to a longing for her father. She believed her mother went away because she was bad: her mother was always angry with her. The child had a tendency to overeat and became worried because her father said that the mother became sick because she was fat. She was kept in this first home only five months because the foster family 'could not take' her lack of appreciation for what was being done for her. The second foster mother was also requesting that the child be placed elsewhere.

At six and a half, the child, due to an error, was in her second

I wish to thank Dr. Esther Menaker for her many technical and theoretical suggestions. Dr. Hans Herma's critical suggestions were invaluable in the preparation of this manuscript.

school year. Despite a superior intellectual endowment she was totally unable to read, write, and count. She knew neither the days of the week nor the months of the year; such concepts as 'before', 'after', 'more', 'less' were meaningless to her.

I

During the first interview she said: 'Ten years ago or ten million years ago I was very shy, but now I am no longer shy because I have a foster home'. As I was introduced to her as a special kind of teacher, she spontaneously wrote a few words for me, trying to prove that she was not stupid and also seeking my affection.

Her 'good little girl' behavior lasted for only two sessions because of her inability to sustain self-control and of some awareness that I was not a threat. As she became more restless there were periods when her voice and speech completely changed. She shouted, slurred, and made gurgling sounds very difficult to understand. She reacted like a wild animal in a cage. Everything she said and did was charged with enormous intensity, altogether inappropriate, and completely overwhelming to her. It was not surprising that she could not control it; there was too much of it.

She reacted with fury to any situation involving a skill she could not master, especially reading and writing. She wanted to know without the discipline of learning and refused to acknowledge that she could not acquire the skill by pretending that she had it. Her method is exemplified by a game with a deck of cards she found somewhere and brought to the sessions. This game had no rules. If any were evolved, she could always win by changing the rules. She played this game in a wild and incoherent fashion, shouting a flurry of words related to card games but unrelated to the situation. She called me stupid, threatened to kill me, and jeered at me because I could not win.

It transpired that in these card games she was re-creating a competition with her foster siblings in which she was always defeated. Not having learned the rules of the games, she im-

provided to be able to win without knowing them. Defeat for her was a helplessness imposed by superior powers. This she was reversing with me by rendering me helpless by the omnipotence she believed was essential to achievement.

Any delay of immediate gratification was intolerable to her entailing, as it did, floods of disappointment, rage, and a panic impotent helplessness. She naturally tried to avoid everything that in any way made her aware of her helplessness. She could not endure being different from others, nor postpone the wish to be like others. Not having learned ways which would make her similar to another person, she had to be that other person. The outcome of such an adaptation certainly was an attempt to assume roles for which she had no equipment. Her behavior therefore appeared bizarre. She would, for instance, start talking in what I came to recognize as 'M's talk' (her foster sister): 'I have many friends; I have no time to play with her; it is unfair; I want to be with my friends'. She would also parrot her foster mother: addressing her doll, she would say, 'I can't stand it any longer. I will get a heart attack. I can't sacrifice my entire life for this child. Nothing can be done for her. . . .' It was possible to comprehend the extreme to which she acted out these fantasies only after she could tell me something directly without playing a role.

To stimulate her interest in reading and writing, I suggested we write a book together. She was enthusiastic, but demanded that I do it for her. Having watched me write some of the stories she was telling me, she suddenly began to write a hodge-podge of letters which in their outlines were vaguely reminiscent of my handwriting. This was, she explained, her 'secret writing' which she refused to divulge. She gave herself gold stars for it and spent many hours at it. I was immediately aware that she got a feeling of satisfaction from it because it 'looked so real'. She was asserting her ability to write as well as I. Later it became clear that to her my handwriting was a 'secret language' which I could read but she could not. This was too pain-

ful for her because it made her aware of a power I had which she lacked.

Distorted though the process and the product were, she was trying by these devices of pseudo identification and acting out to express a striving to be in contact with others and to be like them or to excel them. Her voracious eating, her tendencies to bite, to suck, and occasionally to spit revealed the predominating primitiveness of her reactions.

II

As she became more confident about her relationship with me, she began to tell me stories about her two dolls, Carol and Susie. These narrations usually began in a normal tone of voice which soon mounted into a crescendo of yells and threats toward Carol. Susie was an image of perfection; Carol was all bad. Carol's crimes ranged from matricide to not coming home for supper, from being late for school to having killed her grandmother. All punishments for Carol, no matter what the offense, were violent: from being whipped to all possible ways of being killed. Any suggestions that perhaps one could help Carol become a better girl were met by outbursts of fury. Carol had to be annihilated. Susie, who represented the model foster sister, was her idea of perfection. Carol represented her conception of herself as exemplified by the treatment to which she was accustomed, expected, and evoked. She wanted as well to destroy the part of herself which made it impossible for her to be treated like Susie. She did not know how to transform herself from a Carol into a Susie. She turned to me and said, 'If you love Carol you can have Carol. I am going to leave.' She picked up her things, sadly said good-by, and walked into a corner almost weeping. I put my arm around her and explained, 'I love only you and am concerned with helping you'. After a while she permitted herself to be led out of the corner and sat on my lap. We were both silent for a long time.

After this session a significant change occurred in her. Her restlessness during the sessions increased, and she acted in many

ways like a much younger child. She spent hours jumping from a chair and demanding that I catch her. She would whirl around the room, get dizzy, fall in my arms to be held for a little while, then tear loose and repeat the process endlessly until she became exhausted and would snuggle up on my lap. I would say: 'Little children like to be caught by their Mommies. They are safe when Mommie catches them', and similar comments. She received these comments without answer. She never referred to her mother or to anything that had ever happened to her. By endless repetition she was establishing a new experience. Being held was very important for her. She would cling with intensity, but had to be released the instant she wanted to go; otherwise she would struggle anxiously to free herself.

A situation involving so much motor activity required the establishment of certain limits. That she was not permitted to climb on the desk or jump from the filing cabinets aroused in her furious protests. She would scream with rage, attempt to strike me, try to outsmart me, and threaten to leave. For a brief time I had to keep the door of my office locked. While she was kicking at the door, I would explain why the door was locked and tell her I wanted to be with her, to play with her, and to help her. I had a feeling that locking the door was especially difficult for her because of her previous experiences of being locked in or out. I was quite firm in adhering to these restrictions, telling her repeatedly that I loved her also when I said 'no'; that I did not blame her for hating me at such times, but that she could not hit me. I had become for her the focus of her love and violent anger. She never said that she loved me, however loving she might behave, but she had no hesitation about telling me how much she hated me. Rarely, when sitting on my lap, she would lovingly call me Mommie; then she had to leave me.

In the beginning of this phase, which lasted about four months, she still told stories about Carol and Susie, however with notable differences. The stories were more factual. Susie was sometimes not so 'good'. One day she reported that Susie

had been naughty and Carol was really quite good, and there was no further talk of Carol and Susie. She supplied the answer to this omission when she told me that she had received a beautiful new doll. I shared her pleasure and asked the doll's name. She answered casually, 'Susie-Carol'. I said it was a nice name and asked what kind of child Susie-Carol was. She answered, 'Mostly good but sometimes bad'. I said most 'kids' were like that.

III

As my relationship with the child improved and her reliance on me had strengthened her self-reliance to a degree that she could better tolerate frustrations, I introduced a variety of activities which could be simply accomplished fairly quickly and, furthermore, could be gratifying to her. Knowing her desire for personal adornment, I provided a variety of materials to make ornaments for her. She was assured she could have anything she made 'for keeps' and that I would help her to make them. Her initial response was great enthusiasm and joy. I showed her how to string beads. After a few minutes, however, she became impatient, despaired that the necklace was not yet finished, and demanded that I do it for her. Her helplessness, anger, and disappointment stemmed from her urgent need to possess it before it was begun, so that she might take it home.

There followed a period of increasing her tolerance to postponement of immediate gratification for a future gain; also of insisting that she participate. Gradually, with encouragement, she was able to persist for as much as fifteen minutes. We began making an Indian bead ring, an object which she wanted very much. I explained that it would require more than one session. She agreed until she realized she could not acquire this coveted object without delay. She became enraged, wanted to destroy what had been accomplished. Appeasing her required the same process of explanation and reassurance as before. It only acquired meaning for her after she was quite convinced that neither her anger nor her cajoling would change my mind. She left angry but without having destroyed the ring.

The ring completed, I complimented her that she now was a big girl who had learned it takes time to do a thing and who had learned to wait. I said I knew how hard this was, describing her feelings and adding that she was sometimes afraid to do things she did not know because she was afraid she would not be able to do them perfectly and all at once. In school, I said, she thought other children immediately knew how to read and write and that she was 'dumb' because she could not do it. Listening quite calmly up to this point, she suddenly became violently angry and began accusing me of not keeping my promises to her. I urged her to tell me which promise she thought I had broken. Finally she said, 'Do you remember what you promised—that you will not tell anyone the secrets I tell you?'. I assured her I had not revealed any of her secrets, whereupon she said, 'And don't tell me the secrets I tell you'. She then sat down on a big swivel chair and informed me she was King G (her name) and I had to do what she ordered. She ordered me to work on her necklaces and to be quiet. I began to 'work' and conducted a monologue in which I expressed the wish to speak to my *friend G*, from whom I had no secrets.

During the next months I brought to the sessions cut-outs, simple puzzles, coloring books, elementary reading books with the alphabet, and dresses for dolls which needed sewing. Each new project evoked the same reaction. While showing greater control, she was verbally punitive and cruel. I would comply with her orders for a while and then I would say that I was tired, adding that if she wanted her necklace, or something else, she now had to help me. Finally she would condescend and begin bargaining about the amount of work she would do. When we reached an agreement she would comply.

With progressive achievements, she began to enjoy what she was doing. She asked for praise: 'Don't I do it good?'; 'I don't get so tired any more'; 'I have done it almost all by myself'. She also wanted praise for what she had made: 'Isn't it pretty?'; 'It is the most beautiful'; 'No one can make it as good as me'.

As her skills increased and the overexcitement subsided, she

began to say to herself what formerly I had said to her when she became excited: 'I can do it if I don't hurry'; 'At first everything is hard because no one knows how to do it at first'; 'I know you won't let me have it till it is finished. I have to wait till next time. It is hard because I want it very much but I know I will get it next time.'

IV

Our relationship came to an abrupt, temporary end when circumstances required that she be moved to another foster home. The decision was sufficiently sudden that she could not be adequately prepared. She was unhappy and anxious. She despaired about the separation from her foster sister with whom she had an intense though ambivalent relationship. She said to me, 'I can't talk about it. It hurts too much.' She then went into a phase of total resistance, anger, and fear of me. I became her enemy. She would not come near me. She screamed at my approach, clung to others for protection against me, and finally, after she was moved to the new home, refused to come to the sessions.

I had several telephone conversations with her. I assured her that I was not angry with her, and I promised her a surprise which she could take home when she came to see me. When she was persuaded to come, it was her first visit to my office and I had provided a variety of toys from which she was to choose one. She came in demure and quite tearful. She said the office was pretty. Finally she went to the toys and at last chose a lion cub. She explained that it was a cat 'like a lady had when I lived with Aunt B' (her former foster mother). She would now have a cat like that for herself. She was thus deviously re-establishing links with me and with her former foster home. She named the cat 'Pretty' (the name of the lady's cat), began to fondle it and speak to it in an endearing manner which was very sad though she was expressing her happiness. I told her I knew she was unhappy and lonesome for M and Aunt B; that she was angry with me and others for the change. She listened, and

fondling the toy she said, 'I can sleep with Pretty?'. I assured her she could. 'I'll take Pretty around everywhere I go', she continued. I agreed. She would need a leash, she said, and we began to talk about what we could make for Pretty. She then came quite close to me and permitted me to put my arm around her. She sat silently next to me. When we parted she volunteered that she did not want to come any more because she was missing school. I agreed, saying that she and I were both doing work. I said I missed her when she did not come; that I then was lonesome and waited for her, and told her when I would see her again.

The traumatic effect of these events resulted in an exacerbation of her symptoms. For several weeks she spent her sessions talking incoherently on a toy phone. She asked me not to bother her. She was Aunt B, making arrangements for a Halloween party. Such a party, which she had enjoyed immensely, occurred on the evening before she moved to the new foster home. The party had represented for her one of her few significant objects and its loss. Considering all the deprivations she had endured, any addition was catastrophic for her.

To re-establish the relationship and to help her express what she was feeling, I described to the child my loneliness for her. She reacted at once with anger because I 'interfered'. Gradually, by describing my bereavement in terms of what she was experiencing, she began to speak about herself. She then told me a repetitive dream. In it she was playing with M, who suddenly went away. She called and called M, but M did not come back. This dream made her very sad and angry. She reacted to the dream as to a reality, even though she knew it was a dream. I was able eventually to link the dream with the telephone conversations. I explained she missed M so much because she found it so painful that they were no longer together.

She now conducted telephone conversations in which she repeated phrases used by various members of the new household, pertaining to situations she did not comprehend. In telephone

conversations with her doll, she tried to repeat instructions her new foster mother gave her. It was most bizarre.

Being very jealous of her new foster sister, she began to regard me as belonging only to her. She became demanding and jealous. She wanted gifts, demonstrations of affection, to be hers exclusively, to stay with me always. Because of her increased dependence on me and her new foster mother's pressure for accomplishment, she showed an increased interest in school in an unrealistic way. She began to make 'work books', spending many sessions stapling papers into notebooks. She said she needed books for school and that her teacher would give her good grades for having them. When I suggested that to gain good grades she would have to learn to read and write, she confided that she was stupid because she did not have a 'real Mummy and Daddy like other children'. She said this with a sadness that implied hopelessness. She was able to confide further that the other children said she was stupid and called her names. She did not want to go to school, preferring to come every day to learn with me. I seized this opportunity to tell her how she must have felt when she was separated from her parents and placed in the orphanage. I stressed that she could not then have understood what was happening and why it happened, and that it therefore seemed to her that she was powerless and stupid. She had had so many worries when she started going to school, I said, she could not be concerned with learning. During the next few sessions she asked me to tell her, 'How was it and how did I feel when Mummy went to the hospital'. She would listen intently and then exclaim, 'That's right!'.

By praise and encouragement, we now spent a few minutes during each session reading. This had many characteristics of toilet training. Initially resisting, she would give up the struggle and read for me as a gift, bargaining with me as to how much she would read. I had to reciprocate by giving her a gift—reading to her. When angry, she would refuse to read. The quality of her reading depended on her mood, primarily on her attitude toward me. She became exceedingly upset whenever she en-

countered a word she did not know. She could not tolerate my telling her or being corrected. The experience evoked painful sensations of shame and humiliation because she was confronted with her ineptitude. To insure the continuation, however little, of our reading during each session and thus slowly to build up a tolerance for learning, I rewarded her for reading by giving her toys, permitting her to win in bargaining. She exhibited her tension while reading by rocking, standing, jumping, and occasionally touching her genitals. Sometimes she would sit on my lap and read. It seemed to me on some occasions that she needed my control to quiet her.

During this period she was engaged in intensive play with dolls. She mothered them, dressed them, fed them, and occasionally would become angry and spank them. There was one doll she punished very frequently because the doll could not say why she was doing all the bad things she did. 'Dotty [the doll]', I said, 'may not understand why she is naughty. Why do you think Dotty is naughty?' She then would whisper to the doll and refuse to tell me what she told the doll. She showed pleasure in having secrets from me and teasing me with them.

I noticed that while nursing the dolls, she would occasionally suck the bottle. This led eventually to talks about the life babies lead and the life bigger children lead. While she mothered her dolls, I told her about all the things babies like their mothers to do for them. I complimented her for being such a good mother. She began to express her wish to be a baby. She said that if she were a baby, she would not have to go to school; she would be carried around and could suck the bottle. One day she said she wanted the bottle. She lay down with her head in my lap and sucked at the bottle. I cradled her. Soon, still sucking the bottle, she began to point to the numerals on the bottle and read them. I praised her and said, 'This a baby could not do. This only a big girl like you who is smart and able to learn can do.' She continued sucking and reading the numbers. She left some milk at the bottom of the bottle and then said she had to feed her daughter. Very tenderly, she proceeded to nurse her favorite

doll. I complimented her again on being such a good mother and then started speaking about the advantages of growing up. After listening for a while, she said, 'I want to be a big girl and do . . .'. We talked about the fun of being big, the things big girls can do and babies cannot. When she stopped feeding the doll and began to wander aimlessly around, I suggested she read a page. At first, very teasingly, she refused; then she agreed. This was the first time she read with some fluency, evidently deriving enjoyment from it.

V

As her ambivalence toward me became balanced in favor or trust, she was less cautious about trying new games, but not without compromises and alternatives. She now tested my benevolence and her power by wanting to own everything I had. 'You like these nice things and I like them', she said, 'and I want them just as much as you do'. She wanted to smoke cigarettes and use lipstick as I did.

Before the summer vacation, when her foster sister left to be with her father, the foster mother was depressed. The child suddenly developed a great anxiety about sleeping alone. She asserted she needed A, the foster sister, to protect her 'against the witch'. When A was with her they both fought 'against the witch'. She was in a frenzy; the witch would take her treasure. Finally I resorted to magic. I told her I was more powerful than the witch and could protect her. She looked at me in surprise. She told me seriously how terrible the witch was, how cruel, and how ugly. I laughed and said this did not scare me as I was much more powerful. I too did not like witches and used my power to defeat them and do pleasant things. She deliberated for some time and said she would leave her treasure with me. This would make the witch come to me and leave her alone. I agreed that this was a splendid idea because I was not afraid and the witch could do me no harm. She buried her treasure under my couch and was visibly relieved.

In the next few sessions she came in a state of anger and panic.

She shouted that I was a murderer and wanted to kill her. She spent a great deal of time frantically telephoning the police to come and save her from me. She was altogether inaccessible. When she got into a fury of destructiveness in which she wanted to destroy the furniture, I gave her the outlet of tearing up newspapers. This she did for the entire hour, strewing them on the floor, and yelling that she was changing my room into a 'pigsty' so that nobody would ever want to come to me. I repeatedly interposed that I knew she was angry because I see other children, and of course she wanted someone 'all for herself'. Her only response was to shout that she would never see me again. I repeated the reasons why I believed she was angry, told her I was not angry with her, and I would see her next time.

This was the last outburst of its kind with me. During the remaining weeks before she went to camp, she wanted me to read over and over the story of Cinderella. I suggested that when she learned to read she could read such interesting stories herself. While I read the story of Cinderella, which she almost knew by heart, I would point to simple words and wait for her to say them. When she said the word, I would exclaim that she knew how to read from a big book. I got a collection of small story books and told her that I would give her each book when she could read it, adding, 'Then you will have a library of your own just like mine'. She liked this idea. She of course wanted all the books at once but she was much more amenable.

VI

Returned from her summer vacation, the child was distant and completely uncoöperative with me. She was much better in school, was proud of her achievements in reading. She told me with great excitement and enthusiasm about her love for her teacher. She tried to do things to please the foster mother. During this period she played checkers with me. At first, she refused to accept the rules, got into a mixture of rage and panic when I took a pawn from her. When she took a pawn, she expressed the fantasy that she was killing and tearing me apart. While we

were playing I put her feelings into words for her but also assured her that she was not hurt when I took one of her pawns, that this was a game and nothing really bad could happen. When she accepted the rules, she so ably copied my moves that after a few minutes there was a stalemate. This outcome of the game was repeated over and over for many sessions. I told her we could have more fun in playing if we took chances. I encouraged her to jump my pawns and showed her moves. Anxiously she would say, 'If I jump you, you'll jump me'. She gradually was much freer, not overtly sadistic and destructive. She was now pleased she could beat me because she was so good at playing. She told me about a little girl at home with whom she played who did not know the rules. She had to teach her. 'The little girl is funny', she said. 'She wants to jump all the time, or is afraid to jump.'

The changes in the checker game were somewhat preceded by marked changes in her relationship to me. During the negative phase, I went away on a short vacation. She was delighted that she would also have a vacation. We had a good-by party before my departure. I promised to send her cards, bring her a gift, and have a welcome party upon my return. When she resumed, she appeared soberly with a Teddy bear I had given her some time before, complaining that it was ripped and asking that I mend it. She was distressed to tell me that she had given away Pretty; she wanted me to give her another Pretty that she could have always. She had also disposed of a ring she received from me and wanted a ring like mine. She was loving and affectionate, the inflection of her voice had changed, and it was apparent that she enjoyed coming to see me.

She read willingly each time she came for ten minutes (timing herself with a stop watch). She agreed to accept a big monthly prize instead of requiring each time some small reward. She would change her mind from one time to another but was able to wait. She explored the room and admired objects, saying, 'I know you won't give it to me because it belongs to the room'. I would nod my assent; she would then put the object

down without protest, or play with it and later put it back. During one of her explorations she found the book she had made during her period of secret writing. 'What is this?', she asked. Told that before she could write she had been very unhappy and ashamed and therefore 'made believe' she knew how to write, she looked at me and said, 'I don't remember. You are telling me a story.'

VII

This child's vulnerability to narcissistic mortification following almost any frustration, and the extent to which she resorted to omnipotence, made her inaccessible to the usual corrective influence of reality. Her underdeveloped ego made her almost totally unable to control her impulses.

The history in this case is incomplete. It can only be assumed that the extreme deprivations from both psychopathic parents and lack of gratification in infancy resulted in severe injury to her primary narcissism. Subsequent disappointments intensified her infantile helpless impotence. This led to a vicious circle. The injury to the primary narcissism plus the subsequent trauma made it impossible for the child to give up or to sufficiently modify her infantile omnipotence. This resulted in faulty ego functioning which hindered her from adequate adjustment, thus increasing susceptibility to narcissistic mortification. Further, the lack of adequate infantile gratification resulted in the child's inability to develop trust in a gratifying libidinal object. The pathological reality situation which existed in her infancy did not lead to the usual shift of omnipotence from self to libidinal object. The lack of reality gratification served for her as an impetus to retreat into her omnipotent wish which had become her reality.

In therapy, her demand to receive without giving, know without learning, was a symptomatic expression of her pathology and a striving to repair her extreme privation. She had had no reality corrective experience to give her the confidence to explore the trial and error involved in every learning process which, bit

by bit, leads to the acquisition of skills that give a sense of mastery founded on reality.

The preponderance of her primitive reactions indicates the earliness of her arrested development. This gives, however, no clue as to why she reacted to her severe deprivations as challenges, and why she was not crushed into an inert irretrievable retreat into fantasy.

VIII

Therapy was modified in accordance with the child's needs. As she was inaccessible to verbal communication, she had to be given direct gratifications which initially resulted in a regression and the expression of her unsatisfied earlier needs. It was necessary, within limits, to give her the opportunity to act out and gratify many infantile wishes and correctively re-experience the satisfaction of infantile needs (A. Alpert) of which she had been severely deprived. Her tendencies to compulsive repetition were curbed to the extent to which restitution counteracted the original trauma which then could be mastered. This was planned in a relationship in which she could become secure to express her aggression without expecting the total retaliation she feared.

The setting of limits was of no less importance than the fulfillment of gratifications. She had to learn that she could not be permitted to hurt herself or a person she loved. Control was exercised only after long periods of loving tolerance, and then an attempt was always made to proffer a substitute gratification to avoid total frustration.

SUMMARY

The psychopathology of a girl of seven is described to illustrate the interrelationship of arrested ego development, narcissistic injury, and the persistence of omnipotence as a pathological gratification and a mechanism of defense. The course of her treatment during two and a half years is outlined.

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THE GRANDPARENT SYNDROME

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In his endeavor to retrace symptoms and character traits, the analyst usually learns about the patient's parents but in his inquiry stops short of the grandparents. Yet influence of the grandparents on the character formation of the child and, later, the adult cannot be denied. The grandparents are always important, even if they were dead when the child was born. Moreover, there is a group or syndrome of characteristic fantasies, symptoms, and symptomatic acts that are closely connected with the grandparents. Certain patterns of distorted, even grotesque, behavior are likely to originate in identification with a grandparent.

CASE I

The illness of a thirty-year-old patient in psychoanalysis could not be fully understood until identification of himself with his grandmother was recognized as its most important cause.

The patient suffered from hay fever, allergic conjunctivitis with dimness of vision and dizziness, and premature ejaculation. However, his most serious trouble was a compulsion to call attractive young women by telephone or to approach them on a bus or streetcar and introduce himself as a worker for the Kinsey Report or as an agent who hires models. While interviewing a girl about her bodily dimensions, her poses when modeling, and her dates and sexual experiences with men, he masturbated.

His father had died when he was seven years old. Thereafter his mother had to go to work and he was under the supervision of his maternal grandmother. The old lady had already

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survived the grandfather, one of the patient's uncles, and two husbands of the patient's mother. Nevertheless, it was the grandmother who was always sick, mostly with gastrointestinal disturbances. She took many drugs and the patient had to read the labels for her because her vision was dim. She underwent five operations, among them a cataract extraction. Whenever she supposed herself dying, her son, the patient's uncle, was called to her bedside to watch her die. She yelled to the deceased grandfather, 'I'm coming, Jake'. But she continued to live; when she was eighty the uncle, a vigorous, active man, died and she lived on for another ten years. The patient's identification with the grandmother was responsible for his gastrointestinal disturbances in childhood, his preoccupation with the bathroom, and later his hay fever as a result of excessive stimulation of his sense of smell. In analysis, he once reported a dream in which he was cleaning up the floor of an old people's home. It meant cleaning up after the grandmother, whose nurse he used to be. The chronic granulating conjunctivitis with frequent episodes of dim vision derived from identification with his grandmother. For years he was in treatment with numerous ophthalmologists, and it appeared as if an old ambition was fulfilled when he dreamt, while in analysis, that he was being operated on for cataract. He dreamt of being stabbed, filed, and cut like his much operated on grandmother. She was never dressed properly and wore a filthy old robe; imitating her, the patient also refused to wear decent apparel, and in fantasy it was his ambition to become a character called Filthy Rubbish the Pirate. For this purpose, he also collected his mother's used menstrual rags, as he had observed his grandmother doing. The closeness with the old grandmother, who was in constant fear of death but showed an astounding capacity for survival, aroused an even greater fear of death in the boy. But he had ample opportunity to observe that men die while women go on living, and since he wanted to live he decided to learn from the women how to be a woman and survive. Naturally the best person to learn from was the person with the greatest longevity, the grand-

mother. She never left the house and stayed in bed until evening when the patient's mother came home and reported to the grandmother her amorous experiences while at work. The boy regularly vomited in the morning when he had to go to school, and had dim vision until he was sent home from school. Finally, he had to interrupt school for six months and stayed home. He had successfully adopted the grandmother's method of survival by inactivity and vicarious gratification. The grandmother was an avid reader of 'true romance' magazines with pictures of seminude models. The grandson bought them for her and watched her read them by the hour, 'eating up' every word and every picture as if by devouring the young girls and their sexual experiences she were keeping herself alive. This was the unconscious meaning of the patient's perverse acting out when he was interviewing models.

The serious consequences of the close contact between grandparent and grandchild appeared in the child's too early and too persistent awareness of old age and the threat of death, which aroused an excessive fear of death otherwise alien to a child. A child in such a situation tries to overcome this fear by methods learned from the grandparent, consisting of inactivity to conserve energy and excessive hunger for magical incorporation of whatever promises to supply the energy it so desperately needs to defeat death. We find the corresponding attitude in the grandparent who, with much greater tenacity even than the child's parent, clings to his grandchild because of his greater need to defy death by incorporating the child's vitality and unrestricted life expectancy. Thus the frantic clinging to each other of both child and grandparent stems from the same fear of death.

The grandchild's wish to identify itself with the grandparent has been pointed out by Ernest Jones (8) in his writings concerning the fantasy of reversal of generations. He referred to a belief of children 'that as they grow older their relative position to their parents will be gradually reversed, so that finally they

will become the parents and their parents the children'. As a result of this fantasy, which is not rare among children, 'the child is in imagination the actual parent of its parent, i.e., equivalent to its own grandparent'. Jones concluded that the child derives illusions of power from this fantasy especially if adults show that they share it, for example by naming children after their grandparents. In a primitive society, 'the child who receives the dead grandfather's name is for some time treated with the same respect as the latter, the people definitely believing that the grandfather has returned in the person of the child'. Jones quoted a girl of three who said to her mother, 'When I am a big girl and you a little girl, I shall whip you just as you whip me now'. The little girl expects to become the mother of her mother, meaning her own grandmother. For the child to expect this, the status of the grandparent in the family must appear desirable to the child. Sandor Ferenczi (2) therefore differentiated between the image of the powerful grandfather, whom the child would like to become, and the helpless feeble old man, whom the child disparages because of the contempt in which he is held by the child's parents. If the grandfather is an imposing old man who commands even the otherwise all-powerful father, the child tries to play him off against the father and in fantasy appropriates the power of the grandfather. But a grandfather who is completely dependent cannot become an ideal; he can become only a competitor to the child.

Flügel (3), summarizing these ideas, concluded that the identification of child with grandparent is re-enforced by three factors: 1, 'the wish to become the parent of its own parent (i.e., the corresponding notion to that in the mind of the child's parent)'; 2, 'the wish to dispense with the parent and the projection onto the grandparent of the grandiose ideas formerly entertained with regard to the parent'; 3, 'the fact that the grandparents, as a rule, are less responsible for the child's upbringing and education and less stern and vigorous in the assertion of their authority'. Flügel emphasized that 'the tendency of the child to imitate the grandparent may constitute an important

factor in molding the child's beliefs, attitudes, desires, and occupations'.

N. Lionel Blitzsten, in a personal communication, emphasized the confusion created when grandparents live in the same household with their children and grandchildren. Then the fantasy of reversal of generations leads to rivalry between the parents and their children, with the result that the grandparent invariably is invested with the prerogatives of the parent, while the real parent is relegated to the position of the child's older sibling. Furthermore, the parent is at a disadvantage because his feelings toward the child are still ambivalent, while the grandparent has already exhausted his hostility on his children so that little of it is left for the grandchild; this is why the grandchild becomes the recipient only of the grandparents' indulgence. The grandchild is thus made to feel superior and triumphant over the parents, and the parents respond with jealousy which further contributes to the child's megalomaniac fantasies. The child identifies itself with a grandparent (usually with the grandmother) because children identify themselves with the more powerful parent. The continuous presence of the grandmother creates a predominance of femininity in the household. The father is pushed aside and sneered at; if the grandchild is a girl, she is blocked in her efforts to respect the father and later in life has difficulty in establishing a good relationship with a man. If the grandchild is a boy, he identifies himself with the grandmother, resists identification with a man, and therefore is unable to function adequately with a woman.

One or both grandparents of the following cases (as also of Case I) lived with their children and grandchildren.

CASE II

A young woman, only a few years younger than her mother's youngest brother, was never called by her first name by her mother and the other members of the family, but by the name 'Sis'. She was proud to have been reared by her maternal grand-

mother, and her mother treated her like a younger sister. She regarded her mother as an older sister.

CASE III

A girl in her early twenties used to call her mother degrading names. When her grandmother rebuked her for this, the patient shrugged her shoulders and reminded her that she too addressed the mother in this way. The grandmother had slapped her daughters in the face and pulled them home by the hair when they had shown independence. She had exhausted her hostility on her children and was only indulgent with her granddaughter. The granddaughter, who had been taught that her mother was incompetent, ran the whole household, and her mother apologized to her as if she expected to be reprimanded when she did something of her own accord without first consulting her daughter. Thus the mother confirmed the patient's identification with her grandmother.

This patient's father was divorced from her mother. The patient was ashamed of him and when she occasionally visited him it was only from pity. She did not think of him as her real father; instead she regarded her mother's youngest brother as her father. But even this uncle could assert no authority over her. When he rebuked her for being sloppy and running about the house in pajamas all day, and told her that she was not beautiful enough to show off so, she did not care. She was convinced that she was as beautiful as her grandmother was said to have been. When the uncle found evidence that the girl was promiscuous, he did not reveal it to her mother but to her grandmother. The patient, her widowed aunt, and her divorced mother competed like sisters to be first married. In one of her dreams she took a lover away from her mother because she was convinced that her mother could not even kiss and therefore offered no competition. Her dates were with ineffectual men whom she tried to turn into women so that she could control and manipulate them as she did her submissive mother.

CASE IV

A girl of nineteen tried to entertain the analyst with fables and fantasies. This is how she had been entertained by her grandmother, with whom the family lived until the patient was eighteen. She admired her grandmother. The grandmother had told her with twinkling eyes that she once had been so beautiful that a man had traveled fifty miles by horse and wagon expressly to see her. The patient fluttered her eyelashes when she talked about any topic even remotely related to sex, even when she mentioned her study of French. She remembered that she used to sit in grandmother's armchair playing Cleopatra and she claimed to have been a model for her uncle, her grandmother's favorite, who painted her in the nude (a fiction). She asserted that numerous men were courting her and pretended to feel guilty about this promiscuity. With one steady lover she played pregnant, complaining of nausea and vomiting. Her grandmother had seven children but maintained that sex is dirty; she had chronic eczema of her hands from compulsive washing. She persistently admonished the grandfather, a farmer, to wash his hands, and kept the patient's mother continuously cleaning the house, as if she wanted to keep it sterile.

The grandfather originally had been a butcher, but the grandmother supposing that the animals he killed had souls, became a vegetarian. The patient was convinced that even small animals, such as butterflies and beetles, have souls. Automobiles made her very anxious because they can kill small animals, and she was often angry at her father who drove an automobile and stepped on beetles. She arranged special funerals for her little animals, and she called her feces little animals, puppy dogs. The grandmother had buried three of her children (her own little animals) and by persistent mourning for them had made the rest of the family feel worthless. The patient rescued and collected small animals of all kinds and also collected potato bugs on the farm in a bottle for the grandfather; these bugs were then burned. She became infested with chicken lice in

her eyebrows and pubic hair; her mother used a special comb on her. In her dreams bugs were equivalent to babies. While the rest of the family (the women and the artist uncle) were engaged in make-believe and teasing, the grandfather was working hard on the farm and the father spent two hours a day commuting and brought all the groceries home too. The patient treated the father with contempt as the grandmother treated the grandfather. She never kissed her father because he had bad breath and diabetes. She was in intense rivalry with her older sister, with whom she wanted to have nothing in common, but instead adopted her mother as a younger sister and daily combed her mother's hair,—reversing the role that her mother had assumed previously. When she came home late from a date, her mother was anxiously waiting for her at the window, but she immediately ran to bed when the patient entered the house and, like a child with a bad conscience, pretended to be asleep. When she invited her suitor home, mother and grandmother retreated to the bedroom and giggled.

CASE V

A man in his thirties, whose maternal grandmother had died when he was thirteen, had been so closely attached to her that when his parents went out he preferred to stay at home with his grandmother, listening to the radio and playing cards with her. The grandmother had suffered from stenocardiac attacks of chest pain and died of angina pectoris. Correspondingly the patient suffered from recurrent chest pain caused by psychogenic cardiospasm.

CASE VI

A forty-year-old woman suffered from urinary frequency without organic cause. Immediately before each analytic hour she had to make sure that her bladder was empty so that she would not soil the couch, and when during the hour she became anxious, she excused herself and went to the washroom. She used to take care of her incontinent grandmother, especially

when her mother was out, and felt content to do so. Her grandmother was much more gentle with her than her strict and inflexible mother, but the patient knew that the grandmother had been just as strict and unbending with the mother. The patient remembered that the grandmother always came in by the back door and brought cheesecake. She slept in the back room like a humble servant. When the patient married she did not share her husband's bed but slept in the back room like her grandmother did. With her urinary frequency, she acted out two roles,—the grandmother who soiled herself, and the grandchild who cleaned the grandmother.

When the patient, acting out her separation anxiety, broke her leg soon after her wedding and was helpless, her mother did not invite her to come to her, and she had to accept the hospitality of her sister-in-law. When, however, her grandmother became sick, the mother immediately urged the patient to move in and even invited her son-in-law. The night the grandmother died, the patient had intercourse with her husband in the adjoining bedroom, with the fantasy of presenting her mother with a resurrected grandmother. She did not get pregnant but adopted a girl whom she named after the grandmother. Though eight years old, her adopted daughter never went to the wash-room alone but waited for the patient to take care of her, sitting on the toilet until her mother took her off and cleaned her. In other ways she showed an unusual independence of her mother, but in this one respect seemed to sense her mother's need to clean the grandmother (the child's great-grandmother). By fulfilling this desire of her mother, the girl also denied that she was an adopted child.

A particularly interesting situation develops if the child becomes the nurse and 'baby-sitter' of the grandparent. Then the grandchild has become the grandparent, and vice versa. Contributing to this reversal is the physical shrinking in old age and the fantasies related to it. Jones explained that the transformation of the grandparent into an infant is suggested by the

idea of shrinkage. 'Old people are wont to stoop and so to look shorter, and then the children hear in their stories of little old people.' The wrinkled old face of the newborn, its thin hair and toothlessness, and its attempts by a sort of crouching to re-establish the foetal position, all give the infant the appearance of a little old man, the ancestor. Shakespeare described the shrinking of old age in the second act of *As You Like It* as a return to infancy:

..... The sixth age [senescence] shifts
Into the lean and slipper'd pantaloen,

.....
His youthful hose, well saved, a world too wide
For his shrunk shank; and his big manly voice,
Turning again toward childish treble, pipes
And whistles in his sound.....

Therapists often are amazed by how much the infant, this 'wise little old man', can sense of the real attitudes of his parents, until under the influence of the parents his innate sensitivity undergoes repression, so that it appears as if children grow more insensitive as they grow older.

The significance of the fantasy of transformation of grandparent into a new grandchild is enhanced further by the universal need for denial of death. Jones quoted James Sally (14), who pointed out that 'the information often given to children is that people, when they die, are carried to heaven by angels, just as the babies are said to be brought down to earth by angels'. He also quoted Tisdall (15), who associated this fantasy with the belief in reincarnation, but Jones considered it more accurate to attribute it to the more fundamental belief in personal immortality. 'Neither the child's mind nor the adult unconscious can apprehend the idea of personal annihilation and therefore imagines that, when an old person dies, he will shortly reappear as a newborn child' (8). In Europe the people of the Neolithic period buried their dead in the crouching position (*Hockerstellung*) after they had bound the knees together and

pulled them up to the body. The custom was the same among the Incas in South America. The mummies in the Archeological Museum in Cusco, Peru, are tied with ropes into a foetal position and are enclosed in an ovoid sac of llama skin which is wrapped in fabric embroidered with magic designs. The purpose of these archaic funeral rites was not to prevent the dead person from returning to life, but rather to facilitate his return as an infant.

Evidence for the close similarity, or identity, of grandparent and grandchild appears in etymology. In English both grandparent and grandchild are 'grand'. In German, the word for grandchild, *Enkel*, is a diminutive of *Ahn*, ancestor (9), and related to the Greek word *ananke*, fate. The mighty ruler of the Huns was Attila, a diminutive of Gothic *atta*, father; thus the name meant little father or grandfather. Grandmother in Italian is *nonna*, in French *nonne*, while *niño* is the Spanish word for infant. The Greek word for grandfather is *pappos*, but it also means the down on the seeds of certain plants, such as the dandelion, which serves as wings for the seeds, and the first down on the cheek, Latin *lanugo* (10). The Russian word for grandmother is *baba*, the Yiddish word is *bobe*, and the English word for infant is 'baby'. An exception occurs in Latin: *avus* and *avia* are the words for grandfather and grandmother respectively, but the diminutive *avunculus* means uncle, mother's brother (5), and not grandson, as we should expect and as we may suppose the original meaning of the word to have been according to custom in language. This may confirm the observation that when the mother lives with the grandparent she is relegated to the role of the child's older sister, while the grandson is put into the position of his mother's brother, or his own uncle.

Further evidence for the mutual identification of grandparent with grandchild occurs in mythology and folklore. According to Hose and McDougall (7), the Kayans of Borneo think that 'the soul of a grandfather may pass into one of his grandchildren, and an old man will try to secure the passage of his soul to a

favorite grandchild by holding it above his head from time to time. The grandfather usually gives up his name to his eldest grandson, and reassumes the original name of his childhood.' Lisiansky (11) reported that in Nukahiva, on the Marquesas Islands, it is believed 'that the soul of the grandfather is transmitted by nature into the body of his grandchildren; and that, if an unfruitful wife were to place herself under the corpse of her deceased grandfather, she would be sure to become pregnant'.

The ambivalence of parents to their children is often obvious, especially if the parent had hostile feelings toward the grandparent. Theodor Reik (13) interpreted the savage custom of infanticide, later replaced by circumcision and other initiation rites, as based on fear of retaliation for malevolent impulses against the child's grandfather. From the newly arrived baby the father fears the revenge of his own father, who appears to be reborn in his child. If primitive man assumes that the child will kill him, then his fear is justified in so far as it relates to this resurrected father. Sir James Frazer (4) reported that 'at Whyda, on the Slave Coast of West Africa, where the doctrine of reincarnation is firmly held, it has happened that a child has been put to death because the fetish doctors declared it to be the king's father come to life again. The king naturally could not submit to be pushed from the throne by his predecessor in this fashion; so he compelled his supposed parent to return to the world of the dead from which he had very inopportunately effected his escape.' The attitude of the grandparent here seems not to be ambivalent; but a contrary aspect is depicted in fairy tales.

In Hänsel und Gretel (as told by the brothers Grimm [6]) the indulgent grandmother is symbolized by the *Knusperhäuschen*, the little house to *knusper* (nibble on). The crunchy little house was built of bread, had a roof of cake, and windows made of clear sugar. While the children were nibbling on the house, a thin voice called from within: '*Knusper, knusper, Knäuschen, wer knuspert an mein Häuschen?*' It was the luring voice of the

grandmother. However, she was not only enticing the children with delicacies of food, she also was a witch who wanted to kill the children and eat them. Even more obvious is the ambivalence in the tale of Little Red Riding Hood, in which the wolf is lying in grandmother's bed disguised with grandmother's nightgown and bonnet.

In the story of Thorny Rose (the English translation substitutes for this significant name the neutral name of Sleeping Beauty), a king and queen had been childless for many years until a frog finally announced the arrival of a child. The queen gave birth to a beautiful girl and all relatives and friends were invited to a great banquet, including the Wise Women. Since there were only twelve golden plates, the thirteenth of the Wise Women could not be invited. She came nevertheless but was so offended that while the other Wise Women presented the child with wonderful gifts, she cast a spell on the child, whom she doomed to prick herself with a spindle and drop dead on her fifteenth birthday. But the twelfth of the Wise Women, who had not yet spoken her wish, ameliorated the curse and declared that the girl should not die but fall asleep for one hundred years. To protect his daughter from this evil fate, the king ordered all spindles in his kingdom burnt. Nevertheless, on her fifteenth birthday, when the king and queen had gone out, the princess felt lonesome and climbed up to an old tower where she found a little old woman working on a loom. Since the princess never had seen a spindle, she asked, 'What kind of thing is this that jumps around so gaily?'. Then she tried spinning herself, but pricked her finger and the magic spell was fulfilled: she and everybody else in the castle fell asleep. A hedge of thorns began growing around the castle and every year it grew higher and higher until it not only covered the whole castle but grew beyond it so that nothing could be seen of the structure, not even the flag on the roof. From time to time princes came and tried to penetrate the hedge of thorns, but became so entangled in it that they could not free themselves and died a miserable death.

This fairy tale shows an overwhelming predominance of

femininity in the household and its crippling effects on an adolescent girl. The ambivalence of the grandmother is indicated by the Wise Women's bringing gifts to the child yet casting a spell on her. The plurality of the Wise Women suggests, as in a dream, that they are but one, with excessive power, —the grandmother sitting in the tower and controlling the entire household. The thorns around the castle of Thorny Rose in which princes became so entangled, and her sleep of a hundred years, symbolize her frigidity and hostility toward men. The king, by having all the spindles burnt, actually contributed to the infantilism of his daughter since the spindle symbolizes marriage. The making of garments stands for making children.

Leon Altman, who discussed this paper when it was read, believes that the child, by investing its grandparents with more libido than it does its parents, avoids or attenuates the oedipal involvement with its imminent dangers. Though the relationship between grandparents and grandchild is not free from ambivalence, it has the advantage of being one step removed from the fateful oedipus conflict, and therefore safer. Otto Rank (12) has pointed out that the fairy tale of Little Red Riding Hood is a disguised birth fantasy. The hunter performs a caesarean section on the wolf and the grandmother emerges from the wolf's belly hardly able to breathe, which is suggestive of the asphyxia of a newborn baby. Thus the fairy tale proves that grandparent and grandchild are one, but Altman believes that the infantile oral-sadistic sexual theories are primary and that the treatment of the grandparent serves as a screen fantasy to express the idea of whence babies come and how to get them.

When one or both grandparents live in the home, the mother must have certain characteristics. A mother who desires, or at least acquiesces in, sharing the household with her own or her husband's mother is a woman who accepts marriage not as a sexual, but only as a social, union. Her husband is to her a proxy for a sibling. Wives who manage to live in the same households with their mothers have themselves such overwhelming desires

to be infants that they can accept neither their husbands nor their children, for they are in competition with both. As a result, the children remain fixated at very early ego states and try frantically to take fullest advantage of any means of establishing contact with a mother who is otherwise distant and uninterested. The child from the start is in a preœdipal situation in which the fantasy of reversal of generations is dormant.

The child senses the mother's insecurity. To the child the mother at first seems like an older sister, then a younger sister; finally she becomes the child's daughter, and the child becomes its own grandmother. The mother's infantilism must result from the grandmother's failure to function adequately as a parent; thus the grandparent syndrome, as we should expect, originates with the grandparent.

The grandchild is liable to exploitation by the disturbed parent as well as by the disturbed grandparent. It serves as a gift to the grandmother intended to reawaken her interest in the mother and to placate her hostility against the mother. The grandparent accepts the gift, but makes the child an ally against the parent, thus exploiting the gift. The child is expected to please the grandparent by fulfilling such of the grandparent's ambitions as the parent was unwilling or unable to fulfil; and therefore the child becomes an extension of the grandparent as well as of the parent. In the fairy tale, the witch or wolf-grandmother bribes the child by permissiveness and indulgence while at the same time feeding on the child's vitality and incorporating the child in order to rejuvenate herself.

Frequently the child is molded by the parent into the image of the grandparent upon whom the parent wanted to retaliate. The child is molded to represent the grandparent (not necessarily of the same sex as the child) whom the parent, as a child, was unable to control. This tendency of the parent continues, and may even become more compelling, after the death of the grandparent. The custom of naming the child after a dead grandparent makes the shadow of the dead grandparent fall upon the child. Since the child had never known the grand-

parent, this kind of identification is extremely difficult to dislodge. It often serves the child's desperate efforts to establish an identity, especially if it is an adopted child whose origin is shrouded in mystery.

In contrast to the position of the grandmother, which seems to be dominant regardless of whether she is active or inactive, the position of the grandfather as a rule is subordinate. When both grandparents are alive, it is usually the grandmother who assumes the leading role because she seems to have had greater experience and usefulness in rearing children. The grandfather loses prestige in proportion to his diminishing power to earn money, and when he has retired and stays at home he appears to be useless and also to be a competitor of the grandchild. If the grandmother has survived the grandfather, her prestige has increased, but if the grandfather has survived the grandmother, his influence often has further diminished. The aged man, perturbed by loss of the respect of his family, tries in vain to enforce it by increased rigidity and rage (as does King Lear), or he resigns in apathy. The child feels that the grandfather is merely tolerated in the household, *im Ausgedinge*, as the Germans say, and considers him an object of disparagement.

This topic is dealt with in a moralistic story in a collection by the brothers Grimm (6), *The Old Grandfather and His Grandson*:

Once upon a time there was a very old man, whose eyes had become dim, whose ears were deaf, and whose knees were trembling. When he was sitting at the table and could hardly hold his spoon, he spilled the soup on the tablecloth and some of it also dribbled from his mouth. His son and daughter-in-law were disgusted and, therefore, the old grandfather finally had to sit behind the stove in the corner and they gave him his food in a small earthen bowl,—and not even enough food. Sadly he looked at the table and his eyes were wet. One day, his trembling hands could not hold the bowl and it fell on the floor and broke. The young woman scolded him but he said nothing and only sighed. She bought him a little wooden bowl for a few

pennies, from which he then had to eat. While they were sitting, the four-year-old grandson collected little wooden boards on the floor. 'What are you doing there?' asked the father. 'I am making a little trough', the child replied, 'from which father and mother are going to eat, when I shall be big'.

It seems that the grandson by planning to take revenge for his ill-treated grandfather identifies himself with him; but considering that the mother is treating the grandfather like an infant, the grandchild is only preparing for a reversal of the roles: he is actually identifying himself with his hostile mother.

Karl Abraham (1) has pointed out that 'in the associations of a neurotic the figure of the father is accompanied constantly by the figure of the grandfather (on the maternal side) like a shadow'. Abraham discussed a patient whose father was poor and gave him a puritanical education. Once the patient and his mother visited the maternal grandfather who lived in a distant town. The wealthy old man, happy over the visit of his grandson, overwhelmed him with gifts and spent an enormous amount of money on the boy. Thereafter the father appeared to him more than ever as a tyrant while the generous grandfather was raised to a father ideal.

However, the bountiful indulgent grandfather actually is not a father- but a mother-figure. The maternal grandfather resembles the mother even in his physical features, and surpasses her in generosity. The paternal grandfather, on the other hand, is primarily the representative of the family tradition. In countries where family traditions are valued, and in the ancestor worship of Asiatic countries, the grandfather is an object of veneration; but in an immigrant society, where not even family names are valued and maintained, he is an unwelcome reminder of a depreciated past. He is sneered at for being old-fashioned and unskilful in use of the new language.

One of my patients with strong feminine identification talked contemptuously about his paternal grandfather who had lost a leg as a result of diabetes, but dreamed that, at a wedding, he

danced with the paternal grandmother and everybody applauded the couple.

CASE VII

A woman in her late thirties, who was sadistic to her children, seemed to identify herself with her maternal grandfather who lived in the same household with her parents until she was thirteen years old. She remembered that her father used to sneak into the house by the back door wearing dirty working clothes, but she was always awed by her grandfather and his impressive appearance. She trembled whenever in her analysis she recalled how her grandfather encouraged her mother to beat the children on the buttocks. However, the grandfather only verbalized the grandmother's more violently sadistic attitude which was hidden beneath her detachment, but symbolized by her bulimia. All the patient could remember of the grandmother, who had died earlier, was that she was peeling apples, eating, and urinating on the street. Thus it was not the father who was unclean but the grandmother. The patient's and her daughter's voracious appetites proved clearly that the real identification was with the grandmother or great-grandmother. However, by claiming that she learned her sadism from the grandfather, she tried to separate the good mother image from the bad one, not only to purify her sadistic mother but even to adorn her with a halo.

CASE VIII

I have seen only one patient who showed identification with the grandfather and this was a grandfather on the mother's side.

The patient was a male homosexual with strong exhibitionistic, voyeuristic, and delinquent impulses. His grandfather was a chiropractor, a preacher, and a lifelong boy scout who was in the habit of leaving his wife and family whenever he wished, to spend months in the mountains gambling and shooting elk, at times accompanied by his daughter. When the patient's parents

went on their honeymoon, the grandfather accompanied them and they camped together in the mountains as if they were three men. By the time the patient went on his own honeymoon, the grandfather was dead. The patient took his younger brother along, making a party of three like his parents and grandfather. The patient never has been able to make a clear differentiation between the two sexes.

If the influence of the grandparent is predominant because the parent still feels a need for guidance and protection, the grandchild has not only to cope with its own insecurity but also with the deeper insecurity of the parent. Consequently, the position of the parents is reduced to that of siblings without authority. The grandchild, being the pampered favorite of the powerful grandparent, assumes that there will always be a pampering grandparent, and finally by identification becomes this grandparent itself, prone to self-indulgence and lulled into a false sense of power. If the identification is with an inactive grandparent constantly afraid of dying, the result is unfavorable and grotesque. The child is anxious to curb its activities in order to survive by preservation of energy. It finds satisfaction in vicarious gratifications. If, besides, the child has been 'baby-sitting', so to speak, for the once powerful grandparent, its delusions of omnipotence will be boundless. If it has nursed the grandparent, this nursing will have the meaning of deriving from the sex of the grandparent a magical source of longevity. If the grandparent is of the opposite sex from the child, homosexual perversion may result.

The fading of the sexual differences in old age is a further contribution to the fantasy of reversal of generations and reinforces the fixation to the vague and confused concepts of infantile sexuality. This may be one more reason for the sustained infantilism of people who have grown up in the same household with a grandparent, and by identification with the grandparent have cut themselves off from further sexual development. Patients of this kind need very prolonged treatment

because fantasies concerning the grandparents are connected with a great deal of magic and, since the demise of the grandparents usually preceded the analysis, the therapist also has to cope with the considerable power of the dead.

SUMMARY

The tendency to identify with one's grandparents is based on the fantasy of the reversal of generations. Such identifications may lead to detrimental and even grotesque character traits in the child, and appear more often with a grandmother than with a grandfather. The syndrome develops to its full intensity if the grandparent lives in the same household with the children and grandchildren. Then the grandparent is invested with the prerogatives of the parent, while the parent is relegated to the position of an older sibling. Clinical examples are adduced.

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A HYPNAGOGIC PHENOMENON

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The clinical material reported bears upon some concepts recently advanced on the visual components of hypnagogic phenomena.

A married man, thirty-two years old, sought treatment for *ejaculatio praecox*. He had spells of acute anxiety in which he felt as if he were diving in an airplane. At such times his legs felt weak, his fingertips numb; he was lightheaded, had a feeling of oppression in his chest, pressure in his ears, and at times had a sensation of smelling an odor like ether.

He worked for his uncle as a retail liquor salesman. His household included his wife, who also had a job, his daughter aged eleven, and his widowed mother. He had a sister five years older and a brother two years younger. His father (who had been openly promiscuous) died when the patient was ten.

His oral dependent fixation emerged in numerous dreams and many associations related to the large breasts of his mother, mother-in-law, and sister. These he coveted whereas his wife's small breasts were disappointing. His oral cravings caused him to make frequent unjustified complaints of being underpaid in his job. He tended to become panicky when faced with the necessity of spending money. This made him fear the possibility of having another child. He complained he did not have 'substantial knowledge' to attempt to seek more remunerative work. He often remembered that his father had frequently punished him by sending him to bed without supper and that on those occasions his mother surreptitiously brought him food. With reference to sex, he emphasized that his wish to touch and suck women's breasts was more intense than his wish for intercourse. He had numerous fantasies of infidelity invariably related to waitresses in restaurants where he ate or to large-bosomed clients of the liquor store.

About the age of seven he witnessed a primal scene, and remembered having seen his mother's legs spread apart. He was very anxious. He remembered numerous attempts to look at his sister's genitals. He succeeded in seeing those of the daughter of the superintendent of their house. He had previously tried unsuccessfully several times to peep under the skirts of the superintendent's wife. All these activities were fraught with extreme anxiety. Many times he referred to the episode in which his brother discovered him looking at and playing with the genitals of the superintendent's daughter. Despite the patient's pleas, the brother reported this to their father. In his father's presence he was overcome by an indescribable terror that the father intended to cut off his penis.

At the time of the hypnagogic experience the patient's wife was in the fifth month of her second pregnancy. From the beginning of it he had been angry at his uncle for persistently refusing to increase his salary. He was obsessed with complaints about this, about the impending loss of his wife's income, and the imminent increase of their expenses. He discussed his intention of inquiring of the labor union to which he belonged whether his wages were fair.

In the next session he first stated he had checked and found that his wages were above average. He then related that the previous night, just as he was falling asleep, he saw a cloud which was like a puff of white smoke, but which looked solid. It was very attractive and he went into it. He started to fall and tried to grasp for support.

Asked for details, he added that the surface of the cloud was 'sort of glittering and very nice'. When he started to walk into the cloud it seemed to be thin and he was able to walk very fast with a light and lively step. As he proceeded, it became darker and darker and he found it more difficult to advance. It was at this point (when he was enveloped in darkness) that the sensation of falling occurred. Before entering the cloud he had been uncertain about walking into it, but the cloud was very attractive and 'sort of beckoned' to him. He then corrected himself

and said it was not beckoning in the proper sense, but he heard a 'low, shrill' voice coming out of the cloud. This was not an invitation like, 'Now come to me' (the voice was not distinct), but it was the 'combination' of the voice and the attractive appearance of the cloud that made him decide to enter it. The cloud was at his left and a short distance in front of him.

While describing the details of this experience the patient gestured. In depicting the cloud he indicated roundness and volume, using both hands. He opened and closed his right hand rhythmically as if squeezing. He swallowed visibly and repeatedly. At times he interrupted himself and remained with his mouth open, his chin pointed upward, a smiling expression on his face. At times he covered his mouth with his hands or rubbed his mouth and the lower part of his nose.

He compared the fear of falling in this experience to the terror he had felt when faced with his father after he had been caught in sexual play with the superintendent's daughter. The shrill voice reminded him of his mother-in-law's. He had quarreled the day before with his wife because he refused to bring the baby carriage to her mother's house where it was to be used week ends. He then said that during the past summer vacation his mother-in-law had called to him to bring her some soap. He found her naked in the hall near the bathroom door, holding a towel in front with her arms crossed over her breasts. He felt an intense wish to look under the towel, and he had the thought of having sexual intimacies with her. He remembered he had often spoken of being physically attracted to his mother-in-law, (in relation to her large breasts), and again remembered peeping under his sister's skirts.

The following session the patient returned to his hypnagogic experience. Although, he said, there was something tempting about the cloud there was a danger too, 'As if there was something I could not get out of; as if I could not see where I was going'. It was something 'outside of reality'; like something 'inside and unreal'; it made him feel as if he were looking from

between the legs of a woman lying naked on her back and saw the heaving of her stomach and breasts which gave him the feeling that she was alive.

He next said he had had frequent sexual dreams about his mother-in-law; then spoke of a television show that made him cry. It was about a crippled boy who could not talk and could make himself understood only with his eyes and by moving his hands. The boy had been left in a car to wait for his mother. While he was waiting, three thugs, who had staged a hold-up, seized the car with the boy in it, to get away. Two of the thugs were dropped along the road and the third wanted to get rid of the boy by leaving him in a distant wood; but the child moved his hands and cried, imploring not to be abandoned. The thug was moved to compassion and restored the boy to his mother. Mother and child were overjoyed at their reunion. There was a demand by others to send the thug to jail, but the mother did not press charges because she understood in her child's face his gratitude: 'The boy's feelings came through his eyes; it was like a warm feeling and showed in his expression, his face and eyes'. What moved the patient most was that although the child could not convey his feelings in words he made himself so well understood to his mother. As the patient related this he shed a few tears. He then talked of a very bad feeling at the age of seven or eight. First his parents had gone out and subsequently his sister, leaving him alone with his brother in the kitchen. He felt that the kitchen was the only warm and cheerful room in the house—but only when the parents were at home. When they were out even the kitchen was frightening.

The hypnagogic experience described above can be considered akin to the Isakower phenomena (7). The hand and mouth sensations, which are not represented in this instance by sensory expression, are manifested in motor reactions which are exactly like those of the infant at the breast. This is consistent with Felix Deutsch's view (4) that movements are metamorphosed

sense perceptions, and certainly relates to the particular closeness of primitive perception to motor reaction (5).

In a recent paper Spitz (16) offers 'the proposition that the Isakower phenomenon does not represent the approaching breast, at least not from the visual point of view'. In his opinion, 'it represents the visually perceived human face', consistent with his observation that while nursing the infant keeps its eyes steadily fixed on the mother's face. This observation clearly places the mother's face, with all the emotional significance which it embodies, as one of the very earliest perceptions of the child. Similarly, in discussing Lewin's dream screen, Spitz states '... it is not likely ... that the dream screen is the visual image of the breast. It is much more probable that it is the result of a composite experience which, in the visual field, represents the approaching face of the mother but in the field of the other percepts involves the sensations within the oral cavity.' The dream screen which Lewin (9) calls a 'composite Galtonian photograph blending different images of the breast' is viewed by Spitz as 'a synesthesia of many different senses, the visual constituent of which is derived from the percept of the face'.

The hypnagogic experience described seems to confirm fully Spitz's opinion. Through the glittering surface of a cloud a voice, inviting though indistinct, emerges. It is noteworthy also that the patient's associations contain specific reference to the father's angry face which he feared, and that he was greatly moved by the face of the child who had been abducted from his mother. Certainly conforming to this interpretation are the references to the 'beckoning' invitation of the cloud, and to the poignant identification of feelings and facial expressions which is represented as taking place between the helpless, abducted child and his mother when they are reunited.

I am very grateful to Dr. Spitz for calling my attention to the Biblical reference wherein the Lord's voice comes to Moses from the interior of a thick cloud (13). The condensation, cloud

= face = breast, which is also to be found in mythology (12), is indicated by Hall and Wallin (6) in a paper about how children feel and think about clouds, and by Piaget's study of children's concepts of clouds (14).

In this hypnagogic experience, in view of the breastlike characteristics of the cloud and the patient's references to breasts, one may justifiably suppose that the visual components of this phenomenon represent the *Gestalten* face and breast which become fused. In my patient's case, the increasing darkening and density of the cloud and his increasing difficulty in proceeding through it also correspond to the progressive extinction of consciousness and perception incidental to falling asleep.¹

The visual and the auditory components are referable to the infant's early perceptual experiences. The voice perceived by the patient was 'low, shrill' and indistinct; the words were not intelligible yet it was definitely a voice, by direct association the voice of his seductive mother-in-law. This parallels observations quoted by Isakower (7, 8) of unintelligible monotonous speech in the course of hypnagogic phenomena and the phenomenon whereby in falling asleep the hallucinated voice becomes lower and less intelligible as sleep approaches, acquiring a low monotonous quality (3).²

The low indistinct character of the voice, the vague emotional quality attached to it, and my patient's association to the representation of a child who could make himself understood only by gestures and by the expression of his face, might

¹ Maury (11) described himself during falling asleep as '... having then neither the feeling of time nor the perception of things. I walk through a fog which becomes thicker the more my senses become numb.'

² This phenomenon compares closely to what happens when falling asleep while reading. At first there is a feeling of monotony and annoyance, words lose their importance and sentences produce only a vague impression. Subsequently, the meaning of sentences is forgotten, while the rhythmic feeling of verbal construction comes to the fore. Finally, not only does the comprehension of sentences disappear but the meaning of words is lost so that they represent less a thought than a sensory impression (10).

place this auditory phenomenon in the preverbal state where the human voice has become an auditory percept endowed with emotion before words have acquired meaning.

Carmichael (1) relates that infants respond to the human voice from the second to the fourth month, and cooing appears, more or less, at the same time. Recognition of familiar words occurs between the eighth and ninth months. Buehler reports that at six months the infant distinguishes between friendly and angry speech. Bayley observes that the child reacts to familiar words at about eight months; Gesell and Thompson that it listens with selective interest to familiar words at nine months (2). Spitz (15) believes that up to two months auditory perception is amorphous and undifferentiated; between the end of the second and eighth months there is a growing recognition of sounds in association to need satisfaction and other life situations. After eight months there is a slowly increasing ability to attach meaning to words.

Through the details of this experience and the patient's associations, certain definite themes clearly emerge. The duality—temptation and danger, attraction and fear—becomes inextricably interwoven with the dread of separation from and the striving for reunion with the mother at the breast. Ultimately this dual theme is displaced to a counterapposition of the friend to the enemy, and the familiar to the unknown.

These feelings apply to Spitz's observation of infants' anxiety at the approach of a stranger, a development which occurs between the sixth and eighth months and is relatable to the child's feeling of security upon seeing the mother's face (17). Perception has then acquired discrimination, the ego is emerging, and an object relation is being established.

SUMMARY

A hypnagogic hallucination is described which is found to represent an early infantile memory. Whether the amorphous form hallucinated—in this instance a cloud—represents only the breast or, in addition, the mother's face and voice, is discussed.

These and other observations lead to consideration of their reflection of early stages of ego development.

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MANIFEST DREAM CONTENT AND ACTING OUT

BY NATHAN ROTH, M.D. (NEW YORK)

Recent studies of dream psychology lay considerable emphasis on the manifest dream content. Erikson (1), listing a series of features of manifest dream configurations, '... would postulate a *style of representation* which is by no means a mere shell to the kernel, the latent dream; in fact, it is a reflection of the individual ego's peculiar time-space, the frame of reference for all its defenses, compromises, and achievements'. He says further, in regard to the variety of dream styles, '... we would relate them to the respective cultural, interpersonal, and personality patterns'. Saul (10) says '... the manifest dream alone is ... of great significance and of great practical value in understanding the patient', and advises, 'Look for what the dreamer's ego accepts and acts upon in the dream, for this is a prognostic sign as to what he is capable of acting upon in real life'. The writer (7) has discussed the manifest dream as a record of the successes or failures of the dreamer's sublimations.

The purpose of this communication is to describe from clinical observations the acting out of the manifest content of dreams, the conditions under which it occurs, and its dynamic and therapeutic significances. Briefly stated, such acting out of the manifest dream occurs with consistent regularity whenever the resistance of the analysand is too great to permit of the interpretation of a dream. If during any analytic session a dream is presented which cannot be analyzed because of resistance, it may confidently be expected that at the next session the dreamer will report how he has acted out quite literally—and not only in symbolic or other distortions—portions of the manifest content of the unanalyzed dream. In instances where some insight is gained from partial interpretation the unanalyzed part of the dream will be acted out in greater or less detail.

The acting out, which is always disagreeable or painful to the patient, is motivated by unconscious repetitive impulses in the patient's neurosis. It is behavior identical with what is familiarly described as the acting out of the transferences (8). This acting out, within or outside the analytic situation, is first stated in the analytic dream. The striving is then to realize the dream wish in some equivalent, but disguised, behavior in external reality. We are reminded of Lewin's (3) statement that, 'Dream formation is to be compared with "analytic-situation formation" '; also his equation of free association with manifest dream content. Elsewhere Lewin (4) says, 'The young ego does not separate dreams from waking', (in every neurosis the ego is, in some respects at least, 'young'), and he (5) analyzes the conscious behavior of patients in states of ecstasy, mania, and depression as waking dreams. The thesis proposed is that all neurotic and psychotic behavior consists of the acting out of manifest dream content, without any implication that one or the other is primary from the pathogenetic point of view.

Clinically and technically, to enable the patient to understand the meaning of his dreams as they relate to the pathogenesis of symptoms, it is highly significant that the manifest dream content may be re-enacted without distortion or disguise (although, of course, this also occurs). It affords the patient an irrefutable demonstration that dreams and neurotic symptomatology as displayed during waking hours stand in a reciprocally explanatory relationship to each other. The patient's coöperation is then the more readily enlisted for the task of establishing clear and detailed connections between dream thoughts and waking life, which provides the most trustworthy information as to the nature of the neurotic process, and places the therapeutic endeavor upon the firmest and most objective scientific basis.

If one views neurosis as a disorder of adaptation—and from the social point of view as a process resulting in imperfectly developed or impaired sublimations—it may be observed that the handicaps to efficient functioning from which a patient

suffers are not demonstrated at random nor in haphazard fashion, but always in strict connection in time with the same disorders represented in the concurrent manifest content of his dreams. Sterba (*II*) described acting out which occurred just prior to reporting dreams that he interpreted as an acting out equivalent to associations to the dreams. This diurnal-nocturnal concordance is a reliable factor when search is being made in dreams for an explanation of waking behavior otherwise incomprehensible.

Neurotic behavior, when studied in relation to a dream which it either follows or precedes, thus consists of acting out parts of the manifest content of the dream. While the manifest dream content may show a symbolic (or otherwise disguised) representation of a certain activity, what is most important is that portions of the manifest content are acted out in waking hours literally as they appear in the dream. There are circumstances, while listening to a patient's report of a dream, when the analyst can be quite confident that he will find the patient acting out the manifest dream content precisely as portrayed in the dream; conversely, there are times, while listening to the associations of a patient, when the analyst can cull from the mass of material little pieces of behavior which he may reasonably expect to be reproduced in the manifest content of an ensuing dream.

The acting out of the manifest content of dreams has an interesting limitation which is reminiscent of a phenomenon observable in hypnosis. It is well known that, generally speaking, individuals given posthypnotic commands will not carry them out if they run counter to strict superego prohibitions. The same holds true with the acting out of the content of the manifest dream. An entire dream may be acted out with the exception of the parts that are too strongly opposed by the superego. The other details of a dream which may be acted out are extremely extensive and varied, e.g., the phenomena pertaining to the dream screen itself (2).

The patient who is acting out the manifest content of a

dream is temporarily suffering from a loss of his adaptive capacities. It does not matter what the composition of the reality situation, nor what would be an effective reaction to it, the patient must behave in the manner outlined by his manifest dream content. He is powerless to alter his behavior, despite the occasional conscious wish to act in accordance with reality. This experience for the patient has a peculiarly painful quality. He describes it as 'feeling like an automaton', 'being out of control of one's own life', 'sleepwalking', etc. Once the patient is led to understand that this uncontrollable acting out reflects the manifest content of his dreams quite accurately, and is the result of the operation of a resistance which prevents the interpretation of his dreams, he is then provided with a powerful incentive to analyze and gain a comprehension of his dreams. The nature of acting out in general, as opposed to the analysis of an unconscious drive, is most easily explained to the patient when illustrated as the dramatization of his dreams. The analyst may thus have a useful implement for preventing the damaging consequences of acting out.

The following incident in the analysis of a patient will illustrate. The patient was a male in his late thirties who had entered psychoanalysis with complaints of not being able to win and hold friends, an inability to plan and carry out projects, failure to achieve the intellectual profundity of which he believed himself capable, and some phobic symptoms. These disorders were the result of his peculiar defenses against his oedipal strivings, which took the form of putting distance between himself and his father and wanting to know nothing about his father's activities lest he reveal an interest in the latter's sexual life. He had been consciously aware of wanting to learn nothing from or about his father, and of wanting his father to remain aloof from his affairs. His painful isolation from his father revealed itself in the transference as a lament that he could not promote the friendly relationship with the analyst that he desired. He repeated with his adolescent son the same

aloof and cold state of detachment that he had had with his own father, and he dreaded the possibility of having to discuss with his son some sexual problem the boy might bring to him. While analyzing the distance which he had placed between himself and the analyst, as well as the estrangement between himself and his son, he had the following dream.

He is playing golf with his twin cousins and drives a ball a tremendously long distance, about four hundred yards. As he drives the ball he thinks he is going to have a good season at golf this year and, as he watches the ball in its flight, he thinks so long a drive is impossible and yet there it is. The ball makes straight for the hole but, just before reaching it, hits the frame of a door which stands upright on the green without a door in it. One of the cousins says, 'Too bad it hit the doorframe', implying that otherwise the patient would have made a hole in one.

The doorframe was first associated to the fact that the patient's son, who was very worried about his short stature, continually measured his height against the doorframe to see if he was growing taller. In the patient's mind the son's shortness represented the stunting of sexual development which the patient was inflicting on him—specifically the father's wish that the boy should not have an erection. The doorframe also referred to the door to the analyst's office, which was troublesome to the patient because every time it opened he was confronted with his feared desire to become friendly with the analyst. The well-driven golf ball represented, among other things, the hostile desire to prevent the son's sexual development, and the anger toward the analyst who aroused anxiety by his friendliness to the patient.

During the course of the session the patient showed great resistance to the analysis of the transference significances of the dream. He became fearful lest he or any member of his family become ill, since he could not feel confident that he could get the aid of a physician, a projection of his unwillingness to take help from the analyst. The chief affects in the dream—hostility,

optimism at the likelihood of being able to analyze the hostility and the good consequences thereof, and regret that he was not going to effect this piece of analysis at this time—made the striking of the doorframe the most prominent element for associations to the dream. As the patient talked he gave the analyst the convincing impression that he would strike some part of his body against the doorframe as he left the room at the end of the hour. This did not happen, perhaps because his feelings of guilt were not strong enough. While waiting for the patient at the next session, the analyst heard a loud crash at the closed door. On opening it the analyst found that, in hanging up his coat in the waiting room, the patient had overturned the coat rack and sent it falling against the door of the consulting room. Apparently the acting out of the manifest content of the dream had had to be delayed until the ensuing session when the patient could find an implement with which to strike the door, and thus make the reproduction of the dream more accurate. Some of the meanings of this behavior are obvious, but attention is concentrated on the acting out. There were other relevant details of the patient's situation immediately prior to his entry into the waiting room, but the example as given suffices to illustrate an acting out of the manifest content of a dream whose interpretation is prevented by resistance.

These observations provide some additional understanding and illustration of Freud's discovery that the formation of a dream requires a preconscious day residue coming into associative connection with an infantile wish which provides the incentive and energy for the dream formation. Since the neurotic behavior of the adult is a revised version and continuation of the infantile neurosis, a link must be found between the current neurosis and the infantile traumata and conflicts, and this link is found in the day residue. As a consequence, examination usually discloses that the day residue is intimately connected with present neurotic problems, and that it is chosen neither as

a matter of chance nor solely because of its associative connection with an infantile wish.

The fact that acting out can be demonstrated to the patient as deriving from his manifest dream may serve as a guide to the analyst in determining which parts of a mass of dream material may be chosen for the intensive effort of reaching an interpretation. It may be most efficacious to single out of each dream or portion of a dream that which most clearly reproduces waking behavior. If a particular symptom appears to contain the nuclear conflicts of a disorder, the manifest dream content which most nearly duplicates the symptom should receive the closest interpretative scrutiny.

That there is a variable and indefinite demarcation between dreams and waking reality is a psychoanalytic truism. As the chief function of the dream is to preserve sleep, the dreamer in the dream is trying to find an acceptable resolution for a condensation of realistic and forbidden wishes, present and past. The dream recapitulates for the dreamer the nature of his deprivation and its determinants. The relatively relaxed privacy of the dream makes it safer to permit self-revelation of non-adaptive, infantile determinants of the dreamer's fantasy. The dreamer can always suppress the dream fantasy if it is too disturbing to remember. He can, however, remember it whenever he is ready to profit from its interpretation in psychoanalysis. Róheim (6) says, 'The dream as such is an attempt [of the dreamer] to re-establish contact with [his] environment, to rebuild . . . [his] world'. Rycroft (9) states that 'Dreams showing the dream screen are likely to occur when patients with narcissistic fixations are attempting to re-establish emotional contact with the external world'. It appears that the dream contains another example of a force operating 'beyond the pleasure principle', for in addition to its wish-fulfilling function it serves the efforts of the psyche in its strivings for fuller living, better adaptation, and greater health.

SUMMARY

The acting out of manifest dream content occurs with consistent regularity when resistance prevents the full, or only partial, interpretation of a dream. This relationship between waking behavior of patients and the manifest content of their dreams lends itself to various technical and therapeutic applications in psychoanalysis. It clarifies the structure of both dream and psychopathology, and the function of the dream.

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PSYCHOANALYTIC TECHNIQUE AND THE ANALYST'S UNCONSCIOUS MASOCHISM

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Psychoanalytic cure consists in establishing a unity within the psychic structure of the patient. Most of what is ego alien must be relinquished or reintegrated in the ego. For this unity to be achieved the analyst must, in the countertransference, achieve a kind of unity especially with what the patient rejects or splits off from himself. The analyst is able to do this to the degree to which he has mastered his own ego defenses, and in so far as he is able to recognize what there is or was of himself in the patient.

Every object-*imago* is psychologically a projected part of the subject. The psychoanalytic process in one sense consists, for both patient and analyst, in restoring the unity broken by this division of one into two or more. To be cured is to have the integrity and mastery of one's personality restored; and to cure is to integrate the patient's psyche by integrating one's own, re-establishing the equation $\text{nonego (you)} = \text{ego}$. To understand is to overcome the division into two, and to identify oneself is, in this aspect, to restore an already pre-existing identity. To understand, to unite with another, and hence also to love prove, at root, to be one and the same. Therefore, understanding is equivalent to positive countertransference, taking this term in its widest sense to mean love and union. The disturbances of positive countertransference, its 'negative' aspects, are thus disturbances of the union and equivalent to disturbances of understanding. Hence the continual analytic utilization and solution of every manifestation of negative countertransference and the re-establishment of positive countertransference are decisive factors for the favorable development of the psycho-

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analytic process. To the degree to which negative countertransference is a response to a negative transference, the negative countertransference must be resolved if the negative transference is to be resolved. Only by resolving the negative countertransference can we rediscover and re-establish positive transference, which is in one sense the patient's union with himself, and his cure.

During the last few years psychoanalysts have become increasingly aware of the importance and meanings of countertransference, both as a hindrance and help for the analytic work. I may mention the publications of Lorand, Rosen, Winnicott, Heilmann, Annie Reich, Little, Gitelson, Weigert, Fliess, Spitz, Zetzel, Money-Kyrle, and others. In my own paper, *The Meanings and Uses of Countertransference*,¹ I started from the thesis—transference, upon the analysis of which the cure so essentially depends, always exists. Normally the analyst responds to it in two ways: he identifies with the patient's ego and id; and he identifies himself with the patient's internal objects which the patient places within the analyst. These internal objects, projected by the patient into the analyst, range from the most primitive persecutors and idealized objects to the parents of the genital oedipus complex and their heir, the superego. The patient treats the analyst as he would the objects he places within the analyst, who feels treated accordingly. Thus the analyst normally identifies himself, in part, with the objects with which the patient identifies him. The identifications with the patient's ego and id I have suggested calling 'concordant identifications'; those with the patient's internal objects, following an analogous term introduced by Helene Deutsch, as 'complementary identifications'. In the ideal case the analyst carries out all these identifications, perceives them, and utilizes them for understanding and interpretation of the processes of the patient's inner and outer world. This ideal is accepted by all analysts in so far as it refers to the concordant identifications, but not, I believe, in what concerns the complementary ones. In other words, it is

¹ This *QUARTERLY*, XXVI, 1957, pp. 303-357.

taken for granted that the analyst must coexperience, to a corresponding degree, all the impulses, anxieties, and defenses of the patient, but it seems to be less readily assumed that he also coexperiences or should coexperience, to a corresponding degree, the impulses, anxieties, and defenses of the patient's internal objects. Nevertheless, if this occurs, the analyst acquires a further key of prime importance for the understanding of the transference. In my paper I also pointed out which transference processes usually provoke in the analyst depressive or paranoid anxieties (in Melanie Klein's terminology), which ones provoke guilt feelings, aggressiveness, submissiveness, somnolence, and other states, and how the analyst can deduce from his own specific countertransference feelings what is going on.

We can, however, use countertransference and, in particular, the complementary identifications in this way as a technical aid only if the identifications in question are true ones (and not projections of the analyst's own problems onto the analysand), and if the analyst keeps a certain distance from all these processes within himself, neither rejecting them pathologically nor 'drowning' in them by falling into violent anxieties, guilt feelings, or anger. Both repression of these internal processes and 'drowning' in these feelings hinder or prevent the analyst from opening a breach in the patient's neurotic vicious circle by means of adequate transference interpretations, either because the analyst does not himself enter far enough into this vicious circle or else because he enters too far into it. In such cases it may also happen that the analyst's attitude toward the patient is influenced by his neurotic countertransference; then the patient is faced once again (and now within the analysis itself) with a reality that coincides in part with his neurotic inner reality. But adequate countertransference experience of these situations and understanding of them afford the analyst increased possibilities of interpreting the transference at the opportune moment and of thus opening the necessary breach. Adequate countertransference experience depends on several factors, two of which are particularly decisive: the degree of the analyst's own

integration and the degree to which he is able, in his turn, to perform for himself what he so often performs for the patient, namely, to divide his ego into an irrational part that experiences and another rational part that observes the former.

In the present paper I will confine myself to one specific problem, one of the most important disturbances of countertransference, of the analyst's understanding, and of the successful evolution of psychoanalytic treatment: I refer to the analyst's own unconscious masochism. By this I mean masochism as a universal tendency which exists in every analyst. Nevertheless, the description that follows will refer more to analysts with predominant traits of a masochistic character than to those of other characterological types. Just as we differentiate, among patients, between neuroses and characteropathies and their various corresponding transferences, so also must we differentiate, among analysts, between 'countertransference neurosis' and 'countertransference characteropathy'. The latter also includes the analyst's characterological counterresistances, analogous to the patient's characterological resistances. A characterology or characteropathology of the analyst and his corresponding countertransference would be of great practical value.

In terms of object relations the analyst's masochism represents one of the forms of unconscious 'negative' countertransference, the analyst putting his sadistic internal object into the patient. The unity between analyst and patient is thus disturbed from the very outset and gives place to a duality with a certain degree of predominance of thanatos (sado-masochism) and a certain degree of rejection of eros.

It should be stressed, first of all, that the analyst's masochism aims at making him fail in his task. We should, therefore, never be too sure that we are really seeking success and must be prepared to recognize the existence of an 'inner saboteur' (as Fairbairn says) of our professional work. We must likewise reckon with an unseen collaboration between the masochism of the analyst and that of the patient. In so far as the analyst's

activity signifies to him, for instance, an attempt to destroy the father, the œdipal guilt feeling may express itself in a moral masochism conspiring against his work. We are dealing here with a pathological (for example, a manic) signification of the act of curing, or more precisely, with a 'pathological desire to cure' in the analyst. Psychological constellations of this kind may constitute, to a variable degree, a 'negative therapeutic reaction' of the analyst. In such a case the analyst is partially impeded in achieving progress with his patients or else he feels unconsciously compelled to annul whatever progress he has already achieved. I have, for instance, repeatedly observed how a candidate or an analyst, after having given a series of good interpretations and having thus provoked a very positive transference, thereupon becomes anxious and has to disturb things through an error at his next intervention.

The analyst's masochistic disposition is also an unconscious tendency to repeat or invert a certain infantile relationship with his parents in which he sacrifices either himself or them. The analyst may, for example, seek to suffer now, through his analytic 'children', what he had made his own parents suffer, either in fantasy or in reality. The transference is, in this aspect, an unconscious creation of the analyst. This tendency may manifest itself, for instance, in the unconscious provocation of a preponderance or prolongation of certain transference situations. That one's fate is, in some respects, the expression of one's unconscious tendencies and defenses holds good for the analyst and his work. Just as countertransference is a 'creation' of the patient² and an integral part of his inner and outer world, so also, in some measure, is transference the analyst's creation and an integral part of his inner and outer world.

As is well known, masochism goes hand in hand with the paranoid disposition, and hence our masochism not only makes us seek failure but also particularly fear it. Masochism creates, therefore, a special disposition to countertransference anxiety over the patient's masochism which conspires against the task

² Cf. Heimann, Paula: *On Countertransference*. Int. J. Psa., XXXI, 1950, p. 83.

of therapy. Furthermore, it predisposes the analyst to feel persecuted by the patient and to see mainly the patient's negative transference and his aggression. Masochism and paranoid anxiety act like smoked glasses, hindering our perception of the patient's love and what is good in him, which in turn increases the negative transference. Our understanding becomes a partial one; while we clearly perceive the present negative transference, we easily become blind to the latent and potential positive transference.

The masochistic analyst also has, analogously, an unconscious preference for perceiving the patient's resistances, which he experiences as aggressions, and thus the patient turns into a persecutor. The analyst tends to overlook the valuable communications, the 'contents', the 'good things' that the patient transmits to him together with his resistances. The classical rule according to which the analyst should direct his attention in the first place to the resistances can, in this sense, be unconsciously abused by the analyst's masochism. Moreover, the masochistic analyst is inclined toward submission to the patient, and particularly to his resistances. He tends, for instance, to 'let him run' too much with his associations, sometimes with the rationalization of showing him 'tolerance' and giving him freedom. The truth is that the neurotic is a prisoner of his resistances and needs constant and intense help from the analyst if he is to liberate himself from his chains.

In this sense, the masochistic analyst is also inclined to misapply another good psychoanalytic rule: the one recommending passivity to the analyst. This is a very elastic concept and our masochism may make ill use of it and lead us into being exaggeratedly passive and not fighting for the patient. The masochistic analyst tends to renounce parenthood, leaving the direction of the analysis overmuch to the patient. Excessive passivity implies scant interpretative activity and, this, in turn, scant working through on the patient's part with a consequent reduction of therapeutic success.

Masochism can also give rise to a certain affective detach-

ment in the analyst with respect to the patient and his communications, since approach, union, and even reparation may be too gratifying because to the analyst's unconscious they signify gratification of a concurrent aggressive tendency such as the desire for triumph over a rival. Masochism may also cause stiffness, overobedience to rules, and other similar traits in the analyst's methods.

The patient's resistances and negative transference manifest themselves also in the patient's attitude to the interpretations. The importance of this attitude is very great; upon it depends to a high degree the success or failure of the treatment. The masochistic analyst is predisposed to bear passively the patient's negative relation to the interpretations, or he may become anxious or annoyed by them when the proper thing is to analyze the patient's œdipal or preœdipal conflicts with the interpretations and his paranoid, depressive, manic, or masochistic attitudes toward them. Masochism here induces the analyst to allow the patient to manage the analytic situation, and even to collaborate with his defenses, preferring, for instance, to let himself be tortured and victimized rather than frustrate the patient.

A change in the analyst's masochistic attitude to the act of analyzing, to the patient, and to the patient's communications can considerably increase the success of the therapeutic work. Such a change can bring an awakening, a greater readiness for battle and victory, a fuller acceptance of our new parenthood, a closer approach to the patient, a struggle for his love along with greater confidence in it. It can bring willingness to see the positive transference behind the negative, to see the good things together with the bad ones, and the content offered us by the patient together with the resistances. It likewise implies a constant striving for rediscovery and recovery of the positive countertransference through continual solution of the negative countertransference. This point is fundamental, for it implies one's experiencing the patient as one's own self, the basis of understanding. On this ground the analyst is always *with* the patient, he accompanies him in each of his mental movements,

he participates in every detail of his inner and outer life without fear of him and without submitting to his resistances, he understands him better, and for everything he receives he tries to give by communicating to the patient as far as possible all that he has understood. There is then a greater activity in the empathic and interpretative work, the analyst gives more (albeit with certain exceptions), and thus really becomes a 'good object', remaining all the while attentive to how the patient is taking what he gives him and how he is digesting it. With this greater activity and freedom the analyst includes himself more in the psychoanalytic process, and likes to do so; thus the transference and countertransference experiences become more intensely mobilized and enriched. His passivity gives place to a greater interchange of roles with the patient, analyst and patient oscillating to a higher degree between listening and speaking, between passivity and activity, between femininity and masculinity; and thus the infantile psychosexual conflicts are analyzed as they are manifested in these aspects of the analyst-patient relationship as well as in the other ways with which we are familiar. The previous therapeutic pessimism changes toward a more enthusiastic and optimistic attitude which gains strength through the improvement in the therapeutic results and the satisfactions afforded by the reparatory work.

The struggle with the resistances for the sake of the patient's health thus acquires a certain similitude to the famous wrestling of the Biblical patriarch Jacob with the Angel. This continued undecided the whole night through, but Jacob would not yield and said to the Angel: 'I won't let you go unless you bless me'. And finally the Angel had no choice but to do so. Perhaps we shall also finish the struggle, as Jacob did, somewhat lame-legged, but if we fight as manfully as he, we no less shall enjoy from our own inner being a blessing of a sort;—and the patient will as well.

A PSYCHOTIC EPISODE FOLLOWING A DREAM

BY PETER A. MARTIN, M.D. (DETROIT)

Commonly acknowledged as a psychoneurotic symptom (4), agoraphobia may also be a manifestation of schizophrenia (11). Freud (7), Ferenczi (5), and Federn (3) have noted the relationship, in some instances, between neurotic symptoms and latent psychoses. Pious in a pertinent article (10) states: "The dynamic interrelations of the neurotic symptoms to the latent psychoses are not [sufficiently] dealt with in the literature. . .".

A middle-aged woman had two older sisters and two younger brothers. Her family worked in and lived above a store in an area traditionally associated with the city's red-light district. Her first attack of anxiety occurred at twelve. During her teens she was anxious and had a fixed idea that her breath was foul. All knowledge of sex was suppressed. At eighteen she married the least virile man of her acquaintance. She soon gave birth to two children. After six years of marriage she began to experience progressively increasing agoraphobia which continued for six years before entering analysis. It was her chronic complaint that her mother did not give or accept affection.

THE SYMPTOM

She sought psychoanalysis when she was no longer able to leave her house alone and could not avoid getting into violent arguments with everyone. At first her husband or her mother accompanied her to the analytic hour. As she improved she was able to come alone despite her fears. She feared falling prostrate, helpless but fully aware. Out of the house she scrutinized every person, seeking a kind face indicating one who might take care of her if she collapsed. Analysis proceeded slowly, but she improved sometimes to such a degree that she was able to do things she had never done before, but traces of her fear were always present. The analysis

Read as *Symptom, Dream, Transference, and Psychosis*, at the annual meeting of the American Psychoanalytic Association in Chicago, May 1957.

progressed through the stages of what one could anticipate, evoking all the typical dynamic elements described in the literature and summarized by Miller (9): '... erotization of walking described by Freud and Abraham, and the exhibitionistic, voyeuristic urges and birth fantasies noted by Helene Deutsch, and the superego conflicts described by Alexander'. An element missing was the absence of promiscuity described by A. Katan (8). In her marriage, sexual abstinence was the rule. Miller's conclusion that there is present in agoraphobia a central theme of fear of pregnancy because of promiscuous urges in the street, and a desire to have a baby as a restitution, was not here a theme which would tie these elements together.

With consistent analysis and improvement, she developed a strong positive transference. She was able to take her first airplane trip and a long vacation in the far west. A haunting awareness of her basic fear of collapsing in the street persisted. Having progressed to the degree that she was to sing in an amateur musical production, on the night of the performance her mother's presence in the audience induced severe anxiety. She was only able to go on stage when, just prior to the performance, she discarded her high-heeled shoes for low-heeled ones. This simple act represented to her the renunciation of maturity to preserve her infantile relationship to her mother. Abraham's (1, p. 42) classic quotation from a five-year-old incipient agoraphobic child is apt: '*Ich will kein Spazierkind sein; ich will ein Mutterkind sein*'.

THE DREAM AND THE TRANSFERENCE

During the fourth year of analysis the transference was still strongly positive. She was making plans for the forthcoming *bar mizvah* of her second son. There occurred a resurgence of her former anxiety. She feared having to make the arrangements for this celebration, having to greet each guest at the synagogue, and the following festivity. The analysis revolved about her inability to meet her responsibilities. As the date approached, she became terrified and confused. Too frightened to drive a car or to take a bus she managed to come to analysis by taxicab. She became almost incoherent. She thought of suicide and said that she was frightened of her thoughts. She said she preferred to die or go crazy so that she might not have to think about these things. She was, it transpired, terrified and

suspicious of the analyst. To prevent suicide and because she requested it, she was hospitalized. The confusion was broken for a few minutes during the last analytic hour preceding hospitalization and she reported the following important dream.

I laid there lost and suddenly he [the analyst] laid his hands on my breasts. Everything whirled crazily. Could I trust what I was feeling or not? Would I be lost or come back and believe this bewitching new unexpected development? Something I didn't know was part of the treatment but he decided it was time to do this surprise. My senses reeled and I couldn't understand what was going on but here I was thrilled and it was true. This was everything I wanted. It had been available—sort of an unexpected reward—as though you had to work to get to this stage and then came this lightning surprise. When everything looked blackest and hopeless. This was the first test. If I responded to it and could struggle through to it—it was all right. Like he was poised, waiting for the precise moment to do this to me. He let me stroke his genitals. It was true. He was available any time I wanted him. The test was: could I stand to believe my senses or not. He laid down next to me. Again, it was, would I be able to take these riches, and prove I could accept love and respond to it and not go crazy. He let me stroke him and I couldn't believe my senses. The test was would I come back to reality and believe this. Then I realized it was really there. This was the feeling I tried to reach with my mother all through the years! All my life I had sought to find this exquisite pleasure from my mother.

Analysis of this dream subsequently continued for the remaining three years of her analytic treatment. It proved to be an attempt to find a method of escaping from her impending psychosis by gratification of her wish to get and to give what she had never experienced in her earliest infancy. This to her signified being loved and being permitted to love.

Her son's 'becoming a man' had disrupted the fantasy she was reliving in the transference of having a good mother she could love and by whom she was loved. The genital elements in the dream are a common defense against the primitive infantile cravings. The patient later stated: 'I have never been able to say "I love you" to anyone because I thought that love was only for babies and mothers and I was afraid of it'.

Bartemeier (2), in a study of dreams immediately preceding acute psychotic episodes during psychoanalytic therapy, concluded that these dreams presage momentous events in the transference.

THE PSYCHOSIS

Upon entering a sanitarium, she became terrified of other patients,

was combative, refused nourishment, and did not recognize her husband or the analyst. She felt she was being hypnotized by some great man, was being persecuted by Hitler, and that therefore she must be a great person. She had auditory hallucinations. After a few months she re-established rapport with the analyst and resumed analysis. Analysis of her psychosis revealed it to be an expression of her desire to be a helpless infant and thus to achieve an adequate feeling of security in love. She later stated that she would rather 'have someone like me' than 'to be sane'. The psychotic episode was an acting out of the fantasy of her narcissistic striving for a symbiotic union with her mother (6).

Her further successful analysis clarified for her that throughout life she craved to be loved as she wished she had been by her unloving mother.

When she entered the hospital, a dramatic change took place in her husband. His previous coldness and faultfinding disappeared in a frenzy of devotion. He abandoned his work and sat by the bedside of his wife by the hour, determined to nurse her back to health. The sincerity of his determination cannot be underestimated as a therapeutic agency in her recovery.

SUMMARY

This brief communication deals with the relationships existing among (a) the symptom, agoraphobia, occurring in a middle-aged female; (b) a latent psychosis which erupted during the fourth year of her analysis; (c) an important dream occurring on the night preceding the outbreak of the psychosis; (d) the transference which erupted in a dream at the onset of the psychotic episode.

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SIDNEY KLEIN

1896-1958

Following a succession of major illnesses for seven years, Sidney Klein died July 29, 1958. Born in New York of Hungarian Jewish parentage, he was educated in public schools, and attained his pre-medical and medical training at Columbia University. He graduated an honor student. After a two-year internship at the Jewish Hospital in Brooklyn, he was a general medical practitioner five years. Influenced by Dr. Philip Lehrman, with whom he developed a lifelong friendship and in whose department at Postgraduate Hospital he worked many years, he engaged in training to become a psychoanalyst.

Dr. Klein became a member of the New York Psychoanalytic Society and Institute in 1933 and was Treasurer of the Society from 1949 to 1952. He was Associate Attending Psychiatrist at Postgraduate Hospital, where he was an enthusiastic clinician, teacher, and consultant. When the Postgraduate Hospital was merged with Bellevue Hospital, he was appointed Associate Attending Neurologist and Assistant Clinical Professor of Psychiatry. In 1945 he joined the staff of Hillside Hospital where he served as Vice-President of the Medical Board.

In recent years Dr. Klein's greatest activity was at Hillside Hospital where, after making clear and definite contributions to clinical discussions or to the work of a committee, he was nevertheless dissatisfied, always trying to be clearer and more helpful; he demanded the highest standards of performance from himself.

SIDNEY TARACHOW, M.D.

BOOK REVIEWS

THEORY OF PSYCHOANALYTIC TECHNIQUE. By Karl Menninger, M.D.
New York: Basic Books, Inc., 1958. 206 pp.

The relative sparsity of psychoanalytic contributions either to the technique or to the theory of psychoanalytic treatment is not so amazing as Fenichel and many other practitioners before and after his time have found it. For it points as clearly to countertransference anxieties on the part of the analyst as the silences of the patient point to his resistances (transference or otherwise). It certainly cannot be attributed to lack of capacity on the analyst's part to describe or interpret psychic reactions or to elaborate theoretical systems. For in both these directions he has displayed a facility that verges on the compulsive.

The importance of this subjective block can be readily confirmed by contrasting articles dealing with matters of technique with those expounding the theory of the analytic situation. What the tyro and, no less, the experienced analyst continue to hope for is an adequate set of practical rules which will help them to guide the analytic process and to deal with the crises of anxiety and guilt which may arise during its course. What they usually get is a list of more or less agreed recommendations (which soon acquire the sanctity of axioms) having little specific relation to the differences between one clinical case and another. This exiguity stands in marked contrast to the copiousness of such standardized theoretical outlines as they are offered and which tend to create the impression that the process of analysis can be pinned down and each phase set forth with cartographical exactitude.

This compensatory exposition of theory is subject to one serious drawback. It allows various unchecked idealizations of the process of psychoanalysis to masquerade in theoretical guise. Indeed it might be said with some justice that the more the analyst idealizes his technique, the more anxious and uncertain he is about it, with the result that the unfortunate student often finds himself confronted with a theoretical (therapeutic) ethic, which by arousing his guilts makes him less able to deal with the varied and frequently surprising contingencies of everyday analytic practice, than if his

mentors in theory and practice had freely confessed that they were themselves often at their wits' end to cope with crises.

Nevertheless, some sort of theory we must have; and Dr. Menninger, taking the bull by the horns, has endeavored to confine his presentation to this aspect of the subject. Needless to say it is a matter for congratulation that he has not altogether succeeded in his venture: for his book is garnished throughout by practical aphorisms, culled both from his own ripe experience and from borrowed sources, for which the student cannot but be grateful and which to some extent provide a useful check on his more systematized theoretical outlines.

Dr. Menninger's next step is a fateful one for his presentation. For not only has he warned the reader that his book is not a 'manual of practice' but he goes on to contain the essential dynamics of the analytic situation within the framework of 'a working model'. Most writers on technique, if only for reasons of space, have been compelled to adopt this device. The model most commonly chosen has of course been based on experience of treating the psychoneuroses, differences in dynamics in other cases being relegated to special and contrasting chapters. (Incidentally, it is interesting to surmise what would have been the common working model, had Freud made his original therapeutic discoveries in the field of psychopathy or of schizoid character.) Dr. Menninger's own model is essentially a composite, no doubt based to a considerable extent on experience with 'character cases' (a term he dislikes) to say nothing of social and sexual maladaptations. But it has the disadvantage of all such pedagogic devices in that it renders static what is essentially a fluid situation. He seeks to hold a flux within the banks of an essentially ego psychology.

In setting up his model, Dr. Menninger has apparently been greatly attracted, if not indeed seduced, by the phraseology of civil law. The analytic situation is in his view a 'two-party transactional and contractual situation', and to the very last sentence of the book the relations between 'the party of the first part' (the patient) and 'the party of the second part' (the analyst) are expressed in this idiom, supplemented by diagrams which, at first simple and bold, reach their apotheosis in a most elaborate, almost surrealist, form. Here again are pedagogic devices which have their disadvantages: for although they serve to highlight and to some extent to explain

the importance of transferences and countertransferences, they obscure the fact that the striving id knows no contracts, however deeply the patient's ego may have thrust and however closely the analyst may follow in its wake.

Nevertheless, Dr. Menninger evidently finds the contractual approach a convenient one, perhaps because it enables him to underline the nature of analytic frustration which, he feels, accounts for the form and tendency of transference manifestations. Pursuing this matter further and following Rado, Dr. Menninger outlines a number of stages or levels of transference reaction, emphasizing thereby the serial nature of the regression which, he maintains, is the hallmark of the analytic process almost to the point of termination. Here, it seems, he does less than justice to the Janus-like nature of regression. For although the operation of the associative process, confined as it is to the analytic situation, encourages a repeated inversion of libido from its everyday attachments and so promotes regression, and although the setting and conduct of the analysis *de haut en bas* is calculated to produce increasingly infantile reactions (in both patient and analyst) the *pull* of the id and the strength of primary processes re-enforced by the conditions of association, should not be dismissed as purely a frustration phenomenon. Nor, for that matter, can the frustrations of developmental life be *equated* with the current frustrations of analytical striving for transference gratifications. Displacement and repetition are after all the main characteristics of transference.

The same line of thought is evident in Dr. Menninger's discussion of resistance, as when he limits the concept to the thrust of forces within the patient which oppose the process of ameliorative change and when he calls transference resistance a 'frustration resistance' or 'revenge resistance'. This is obvious enough in hysterical and to a less extent in obsessional states when the 'transference neurosis' develops: even so it is a half-truth that neglects the radical nature of 'primary gain', the aim of which is surely the redressing of unbalanced forces in the total psyche. The mere fact that the most effective resistances to analysis are encountered in so-called 'normal' people (including a proportion of training candidates) warns us against putting too much stress on the factor of secondary gain. For it can be said that despite the heavy loading of transference with historical factors a good deal of the noise of transference can

be attributed to an immediate search for secondary gain within the consulting room.

On the matter of interpretation, Dr. Menninger has many wise and experienced observations to make, although he is still influenced by his contractual hypothesis or, as the case may seem, analogy. The point at which interpretation is most effective, says Dr. Menninger, is where frustration tension (and by this he evidently means frustration in the contractual situation) is mounting to a too painful degree. Analytic slogans vary of course at different times and in different places. It may indeed be just a matter of emphasis or of terminological labels. Recommendations to space interpretation in accordance with 'the anxiety' or 'the guilt' or 'the aggression' or 'the negative transference' may all have an immediate practical justification. But it can easily be argued that a measure of frustration is the degree of anxiety or hostility (ultimately guilt) it arouses. It would seem that Dr. Menninger's measures tend to limit the scope of interpretation and to that extent play into the hands of the 'here and now' esoterics who in recent times have succeeded in making analytic techniques appear rather foolish. Fortunately in most practical matters Dr. Menninger is empiric rather than esoteric. His concept of 'preparatory processes', i.e. interferences *leading* to effective dynamic interpretation, provides an excellent scale of values to guide the student and prevent his attaching equal significance to all his allocutions. This view, incidentally, was first propounded by James Strachey in 1933 when he distinguished 'mutative' from other forms of interpretation.

But perhaps the acid test of theoretical surveys of psychoanalytic treatment lies in the formulation of criteria that should govern the termination of the process. For it cannot be denied that theoretical discussions of this subject would never have arisen had psychoanalysis proved a panacea for mental disorder. Had such been the case the sole criterion would have remained the resolution of the symptoms of which the patient complains. The more complicated the conditions for termination, the more profound the unspoken apology for failure in symptom resolution, and the more likely are the criteria to be idealistic in tendency. Dr. Menninger's criteria are quite plainly in terms of personality reorganization; viz., harmony in the ego, a deepened intensity in relation with others including the sexual reactions to love objects, improvement in work,

play, thinking, increased tolerance of personal discomfort, and objectivity toward the analyst. These are surely the criteria of the 'character' analyst. They certainly are in keeping with the author's earlier statement that 'the patient-physician relationship is never specifically for the removal of symptoms', a view which exposes the essential weakness of the contractual hypothesis.

Taking the book as a whole, it may be said that although compacted of sound practical wisdom it does not distinguish clearly enough between theory and idealization of the analytic process. This, on occasion, leads to intriguing contradictions. At one point (p. 55), illustrating the absence of 'position-taking' on the part of the analyst, Dr. Menninger says *inter alia*, 'He [i.e. the model analyst] was told a good joke—but he didn't laugh'. Seventy-six pages later the more human Menninger breaks through. Speaking (p. 131) of ways and means of indicating to the patient in the early stages of analysis that despite the analyst's apparent reserve he is nevertheless in a state of communication rather than of suspended animation, he recommends, again *inter alia*, 'a chuckle at an appropriate time in connection with an amusing episode'.

But perhaps the best example of the influence of idealization is to be found in Dr. Menninger's view that 'one of the most important functions of psychoanalytic societies is a control of counter-transference tendencies'. The control of subjective error in estimations (here he quotes Waelder in support) lies in the 'mutually corrective influence' of members of an analytic group. No doubt on the intellectual plane such an influence exists: but it would have been a useful 'corrective' to this view to remind the student that at a slightly deeper level, psychoanalytic societies, possibly even psychiatric groups, are notorious for the incubation of jealousies and of mutual negative transferences.

But when all is said, this is a good book based solidly on the traditions of the second generation of analysts. It may perhaps over-emphasize the expectant reserve required of the therapist during the first half of the analysis, but this again may well act as a corrective to the 'Up, boys, and at 'em' techniques of more modern analytic interpreters. In short, Dr. Menninger's treatise satisfies the two main prerequisites of a good book on technique; namely, that it can be placed safely in the hands of the student, and that, whether

or not the author's theoretical model is foolproof or overidealistic, it is calculated to make the student think what he is doing.

EDWARD GLOVER (LONDON)

DREAMS AND THE USES OF REGRESSION. By Bertram D. Lewin, M.D. Freud Anniversary Lecture Series. The New York Psychoanalytic Institute. New York: International Universities Press, Inc., 1958. 64 pp.

This fascinating little book, well-edited and well-organized, contains the seventh of the Freud Anniversary Lectures. These lectures established in 1951 to celebrate the birthday of Sigmund Freud, will be published annually, beginning with the present volume, under the imprint of The New York Psychoanalytic Institute. With this presentation, Bertram D. Lewin joins the list of distinguished authors who have previously delivered Freud Anniversary Lectures (Rudolph M. Loewenstein, Ernst Kris, Phyllis Greenacre, Anna Freud, Lionel Trilling, Ernest Jones) in New York.

After a few opening remarks on the position of dream interpretation in the history of science from Heraclitus to Schroedinger, Lewin develops his succinct and extraordinarily stimulating thoughts about dreams, focusing his attention on one of the most unusual dream sequences in recorded literature: Descartes' dream or, rather, three dreams during the night of November 10, 1619. These dreams have been dealt with in psychoanalytic literature before, somewhat cursorily and in an evidently restrained fashion by Freud in his response to a letter addressed to him, and more recently in a paper by Wisdom. Dr. Lewin's concise interpretation undoubtedly is the most challenging attempt not only to penetrate into the deeper meaning of Descartes' nocturnal experience, but also to correlate it to the philosopher's entire lifework and scientific world view. This small volume summarizes, in a sense, the work of one of the great thinkers in the history of philosophy by viewing this philosophy from within, and thus opens new vistas into broad areas, as yet uncharted, of human creativity and intellectual pursuit. Particularly rewarding is Lewin's effort to establish the parallelism between Descartes' dreams and his dualistic view of the world with its clear-cut division into two separate provinces, the observing

res cogitans (mind) and the physical *res extensa* (body). In analyzing Descartes' dreams Lewin finds 'a great deal of bodily feeling in [them], and Descartes is painfully aware of part of his body's *res extensa* or matter'. The author then examines the connection between certain bodily phenomena emerging in various sections of the dream, the young philosopher's state of physical health (Descartes was twenty-three years old at the time), and certain basic tenets of the Cartesian system. Although the interpretation of dreams like these is not a matter of certainty, Lewin's approach appears well-justified since the dreamer himself spoke of his experiences during the night of November 10th as being of decisive importance for his later career, often returned to them, and expressed his conviction that they were 'a revelation from God'.

Pursuing his analytic investigation with unfailing logic and supplying reasonable constructions where full data are lacking, Lewin arrives at this hypothesis: 'When Descartes came to formulate his scientific picture of the world, he made it conform with the state of affairs in an ordinary successful dream. The picture of the dream world that succeeds best in preserving sleep . . . came to be the picture of the waking world that succeeded best in explaining it scientifically. The relation of the observer to the observed in a dream was set up as the metaphysically proper relation of the scientific observer to the scientifically observed and observable in waking life. Mental ego feeling in the dream became Cartesian mind, *res cogitans*; the dream picture became Cartesian matter, *res extensa*.'

There is much humor, humility, and wisdom in this thoughtful lecture. In his concluding remarks the author mentions that it would be interesting to know 'what Einstein dreamed, or Leibnitz, or Lao-tse'. He also comments in passing on the importance of such experiences in the lives of those men and women who are traditionally called saints. These and many other almost casually mentioned points reflecting the author's broad knowledge and interest serve only to stimulate the reader's appetite for further information and make this reviewer express the hope that Dr. Lewin will not fail to extend his searching analytic investigations along such lines.

DREAMS IN FOLKLORE. By Sigmund Freud and D. E. Oppenheim.
New York: International Universities Press, Inc., 1958. 111 pp.

By a happy coincidence, Lewin's brilliant essay on Descartes' dream series appears in print at the same time as a hitherto unpublished study by Freud, which is also devoted to the interpretation of certain dreams from literature. In view of the tendency of some contemporary analysts to avoid the use of psychoanalytic tools in elucidating problems or topics of applied analysis, the simultaneous publication of both volumes at this time is especially welcome.

The story of the rescue and discovery of the manuscript is in itself worth recording. Written jointly by Freud and Oppenheim, one of the early if transitory followers of psychoanalysis, sometime between 1909 and 1911, the manuscript traveled from Vienna to the Theresienstadt concentration camp during the Second World War, sojourned in Australia for some years after the war, and finally reached New York late in 1956. It was rescued from oblivion by the efforts of Drs. Bernard L. Pacella and K. R. Eissler and thus came into the possession of the Sigmund Freud Archives.

Published against the background of these events, briefly outlined in Dr. Pacella's preface and James Strachey's editorial notes, the handsomely printed volume is indeed rich in content. We find in it Freud's original letter to Oppenheim (in facsimile), dated October 1909, the latter's collection of a series of dreams derived from various sources of European folklore and the former's introduction, commentaries, interpretative observations, annotations, and concluding remarks. The book contains the German version of the study as well as its English translation. The original is printed in the unedited fashion as written by Freud with all its characteristics as to orthography, language, obsolete spelling, etc.; the translation, though not reproducing the various dialects, adopts a conventional idiom usually associated with the wording of folk tales and on the whole succeeds in conveying to the English-speaking reader the peculiar flavor and 'spicy' quality of the original. With reference to the tenor and contents of the narratives Freud tersely remarks: '... one should not be deterred by the often repulsively dirty and indecent nature of this popular material ...'. In this connection Dr. Pacella makes an acute comment in his preface when he suggests that Freud's observation on the particular nature of the material

also sheds light on his own thinking, especially on his deeply sympathetic approach to the problems of the 'common man'. In fact, speaking of the many profanities and coarse details occurring in these folkloristic dreams, Freud emphatically states: '... it is doing the common people an injustice to assume that they employ this form of entertainment to satisfy the coarsest desires ... behind these ugly façades are concealed mental reactions which are to be taken seriously ... to which common people are ready to surrender, but only if they are accompanied by a yield of coarse pleasure'. This sympathetic understanding, which can be found on almost every page, enlightens and enobles the often crude contents, and attests to the humanity and scholarship of the two authors.

But there is more embedded between the covers of this book. Three features, in this reviewer's opinion, make it a worthy addition to psychoanalytic literature. First, there is the unquestionable *historical* value of the new publication. Appearing only two years after the hundredth anniversary of Freud's birthday, even a quick perusal of the text brings to mind what Robert Waelder so aptly expressed in his Freud Centenary address before the 1956 Chicago meeting: 'To study psychoanalysis means, on the whole, to study Freud. Contributions have been made by others, but they have been amplifications, applications and minor revisions This is a rare though not a unique situation in the history of science.' The publication of *Dreams in Folklore* is therefore *eo ipso* an event in the history of psychoanalysis as a science.

Second, there is the *intrinsic-heuristic* value which rests on such facts as the selection, nature, and interpretation of the dreams recorded in the paper, the category of the dreamers (mostly peasants, peddlers, their kinsfolk, etc.), and the types of their dreams which deal with nocturnal sensory stimuli, urinary or fecal urgency, genital sensations or events, and other actual or potential 'disturbers of sleep' participating in the formation of the respective dreams. Freud has injected important analytic truths into the fictional narratives collected by his erstwhile collaborator D. E. Oppenheim, a professor of Greek and Latin at a Vienna *Gymnasium*. There is a great deal of bodily feeling in all the dreams presented in the Freud-Oppenheim report (in this sense they come close to Descartes' dreams discussed by Lewin) and the dreamer's nocturnal sensory stimulations impinging on his bodily feelings during sleep are usually stated

'quite unashamedly', as Freud observes. And he adds: 'These stories delight in stripping off the veiling symbols'. Some of these dreams, the reviewer feels, may well be used as excellent supplementary teaching material in analytic dream seminars and may also gain a place as 'standard specimens' in the further training of present and future generations of analysts.

Third,—and this is perhaps the most important factor—the booklet gives us some glimpse into Freud's intellectual *modus operandi*, as it were. Reading those brief comments and unrevised, synoptic annotations, well-stocked with subtlety of observation, immediacy of insight, clarity of expression and thought, we can sense some of the firmness and perspective with which Freud organizes the material; we can recognize the essential seriousness with which he sees his task as analytic interpreter; and we cannot help admiring the extraordinary intuitiveness and perspicuity which he uses as his operational tools in dissecting analytically these obscure folk tales and in arriving at the core of their often mazelike structure. After all, here is an array of isolated, lively, but otherwise rude and scurrilous narratives, literally 'raw material' handed to Freud in a loosely connected collection. It is through Freud's ingenious technique, that is, through the analytic penetration into and poignant apprehension of *the* story behind the stories (achieved by throwing all situational aspects, external 'trimmings', linguistics, etc., overboard and cutting straight through them to the depth of the subject), that the material is presently transformed into a work of art and science. His treatment of these dream narratives will be of lasting interest to every worker in the field.

A few minor shortcomings in the translation of Freud's letter to Oppenheim should be noted, with an eye to an anticipated second edition. The German '*Forscher*' appears in the translation as 'enquirer'; in the context of the letter, 'scholar' or at least 'scientific enquirer' would probably be a more appropriate term. Freud's colloquial '*uns fehlt der Schulsack*' is rendered 'we are lacking in academic training'. Such academic wording not only weakens the dry humor of the original but injects a jarring note of austere solemnity to which Freud was quite obviously opposed. He simply meant: 'We are just poor illiterates' or 'we are but ignoramuses in the field'.

WILLIAM G. NIEDERLAND (NEW YORK)

NO AND YES—ON THE GENESIS OF HUMAN COMMUNICATION. By René A. Spitz, M.D. New York: International Universities Press, Inc., 1957. 170 pp.

In this monograph Spitz investigates the genesis of human communication from its earliest prototypes in the phylogenetic endowment of the newborn infant to the emergence of semantically significant speech. This occurs at the age of fifteen months when the child-animal shakes its head, says 'No', and begins to claim its heritage as a human being. This is a fundamental study. It is based on many years of direct observation of infants, supplemented by effective experimental interventions. Previous reports by the author concerning these data have contributed to our knowledge of the origin of affects, the anxiety signal, sensory discrimination, and object relations. In this present work Spitz has effected a most impressive synthesis of psychoanalysis with ethology, experimental psychology, and embryology. So far, no comparable study of the maturation and development of a specific ego function has appeared.

The intricate patterns of human communication have their beginnings in the inborn rooting behavior of mammals. This behavior consists of two phases: a scanning, or searching-out phase, and a consummatory or need-gratifying phase which brings the scanning experience to an end. Originally, this activity serves anaclitic ends almost exclusively, but as the libidinal tie between mother and child grows, dependence and frustration take on new meaning for both partners in the nursing experience. Imitation and identification are discussed both from the point of view of developing object relations and shifts in cathexes which lead to large scale restructuring of the ego.

The component elements of the rooting pattern make different contributions to the development of communication. The same apparatus activity, which at first was oriented only toward need gratification, is transformed into a series of communicable signals whose meaning is discernible to the mother while, at the same time, they remain without semantic significance to the child. Eventually, as the result of a confluence of many forces which Spitz describes in detail, the crucial connection is established in the child's mind between the head shaking gesture, the concept of refusal or negation, and the memory traces associated with the articulated sound 'No'.

It would be unfair and misleading to represent that the foregoing constitutes a summary of this monograph. A wide variety of problems basic to psychoanalytic theory and bearing on many related fields are posed and discussed in this book. The author has the refreshing ability to vitalize theory by applying it to very specific and definite forms of behavior. He considers, for example, why scanning activity which is related to frustration is especially suited as a prototype for the function of communication. He examines what inferences may be drawn from the study of a child with congenital atresia of the esophagus who had been fed from birth through a gastric fistula. What peculiarities in the development of communication may be anticipated in such a case where the early cathexis of the oral zone has been by-passed? A section on the origin of the capacity to form abstractions is a beautiful illustration of how the data of developmental psychology may be enriched if supplemented by the drive theory of psychoanalysis.

The attainment of the function of semantic communication which begins with the ability to say 'No' is regarded by Spitz as a critical phase in human development. Together with the smiling response and the eighth month anxiety, he places this function among the main 'organizers' of psychic development, a concept which he stresses and elaborates in this book. The implications of these findings for the theory of the self which presently is in the foreground of psychoanalytic literature form the closing section of this work.

No and Yes is a worthy continuation of the author's elucidation of the earliest phases of development of the ego in the human infant. A study of this book will reward the reader not only with broadened insight into the fascinating realm of the origin of human communication but will stimulate him to question and to speculate concerning many of the basic tenets of psychoanalytic theory.

JACOB A. ARLOW (NEW YORK)

THE ANNUAL SURVEY OF PSYCHOANALYSIS, VOLUME IV, 1953. Edited by John Frosch, M.D. and Nathaniel Ross, M.D. New York: International Universities Press, Inc., 1957. 770 pp.

The Annual Survey of Psychoanalysis, in the four volumes that have thus far been published, has become an important reference book for study, learning, and teaching. In the fourth volume, for

the year 1953, the editorial staff has kept its enthusiasm and careful and independent evaluation; the editors have avoided schematization, and the text remains highly readable. The volume contains two hundred fifty-eight abstracts from periodicals, twenty book reports, and an extensive bibliography and index, giving details of progress in all fields of psychoanalysis.

The opening chapter on history is written by Sigmund Gabe; Leo Rangell and Nathaniel Ross wrote the theoretical part; John Frosch concentrates on clinical studies, dreams, and training. Applied psychoanalysis is discussed lucidly by George Devereux, Renato J. Almansi, and Mark Kanzer. Child analysis (Nathaniel Ross) and analytic trends in psychiatry (Lawrence Kolb) are dealt with on an equally high level, as is Joseph Lander's sixty-page summary of psychoanalytic therapy.

The Annual more and more assumes a definite gestalt. It is not merely a collection of abstracts. The screening, organizing, careful evaluating and editing make the book a genuine guide in the vast literature of psychoanalysis. The reader of the abstracts may sometimes appreciate more the compact reports than some of the lengthier original publications. At other times, the reader's special need may lead him back to the sources. The Annual does not give a quick and easy digest, but opens the way into current psychoanalytic literature. The introductions to some of the chapters, the transition from one report to the other, and the concluding summaries underline trends in analytic research and are often masterpieces of concise writing.

MARTIN GROTJAHN (BEVERLY HILLS)

A SEARCH FOR MAN'S SANITY. THE SELECTED LETTERS OF TRIGANT BURROW, WITH BIOGRAPHICAL NOTES. Edited by William E. Galt, et al. New York: Oxford University Press, 1958. 615 pp.

The author of these letters was a founder of The American Psychoanalytic Association (1911) and became its president in 1925. Introduced by Brill to both Freud and Jung, Trigant Burrow, with the encouragement of Adolf Meyer, undertook a year of study with Jung, in Küsnacht. Although one of the first to bring psychoanalysis to America and to engage in its practice, when the Association was reorganized in 1933 his application for membership in the New

York Psychoanalytic Society was rejected. The reason for this action is given as follows: 'Since the early days of your interest in psychoanalysis, this science has been developed in certain ways that accentuate the divergence which now exists between its present status and your present views' (p. 268). Thus, under the bylaws of that day, he lost his membership in the Association. In 1949, he wrote Clarence Oberndorf as follows: 'I was greatly pleased and flattered . . . as an ex-President of the American Psychoanalytic Association . . . to be the recipient of the Abraham A. Brill Memorial Medal'.

At the time this honor was offered Dr. Burrow he had been for sixteen years an outcast of organized psychoanalysis. His old friends, Oberndorf, Adolph Stern, and others, no longer understood his scientific ideas or aims. Although he felt keenly the loss of his former 'rather lively contact with my psychoanalytic confrères . . . [at] the regular meetings twice a year of the American Psychoanalytic Association . . .', there was no bitterness. Through all the years between his early activities as a psychoanalyst and the time of his rejection by the New York Society, and on to the end of his days Trigrant Burrow acknowledged Freud's work as his inspiration and regarded his own studies as having 'inherent continuity' with Freud's discoveries.

Burrow was born in Norfolk, September 7, 1875, the youngest of four children. The volume's Biographical Notes tell us that his father was 'a wholesale druggist', a Protestant, who 'was said to be the first man in Norfolk to own the works of Darwin'. His mother was 'a woman of culture and keen intelligence . . . with an indomitable will . . . known for her dry wit . . . subject to moods of silent withdrawal when her cold remoteness could chill the stoutest heart'. She was passionately devoted to the Catholic faith. By the time of Burrow's adolescence, 'a painful rift [had] developed' between the parents, although there was no separation. Young Burrow entered Fordham University in 1890 and soon found 'that the dogmas of the Catholic Church began to lose significance for him'. This did not, however, diminish his mother's devotion to him, and it was thought that he corresponded daily with her. His father died in October 1896, about the time Trigrant entered the Medical School of the University of Virginia. Following graduation, he had a year of study abroad, including courses with Wagner von Jauregg and Krafft-

Ebing; then medical work at Johns Hopkins, and an increasing interest in psychology leading to a Ph.D. and election to Phi Beta Kappa in 1909.

Burrow admired and was fascinated by Jung and a warm friendship developed. Upon returning to Baltimore he joined Adolf Meyer's staff at the Henry Phipps Psychiatric Clinic and became active in psychoanalysis in America. In 1913 he planned a personal analysis with Freud, but the war interfered. He deplored 'the breach' between Freud and Jung: 'It would indeed be a calamity if Jung's genial perspectives have misled his splendid genius into an irrevocable disagreement with the clear, steadfast, disinterested observations of Freud'. Burrow's early writings show a mastery of Freud's theories, and Oberndorf considered his description 'of a "primary subjective phase" in the infant, chronologically preceding the oedipus situation' to be among the four 'most noteworthy and original American contributions before 1920'. As early as 1914, Burrow described the 'elaborate systems of defense-mechanisms' of society. In the following year he chanced to meet Clarence Shields, 'a man whom I could not bring to think either with me or in opposition to me on the accustomed basis of interchange', who was to alter the entire course of his life and lead him increasingly into the study of 'the behavioral disorders of social man'.

This study began in 1918 during Mr. Shields's analysis with Dr. Burrow. Shields 'made bold to challenge the honesty' of the analyst's position, 'insisting that . . . the test of my sincerity would be met only' by a reversal of roles (p. 44). Burrow experimentally accepted this challenge, underwent a painful emotional experience, and with his 'analyst' undertook a 'reciprocal effort of each of us to recognize within himself his attitude of authoritarianism and autocracy toward the other'. Through thick and thin, through the alienation of colleagues and friends, through financial hardships induced by interruptions of Dr. Burrow's practice, through a period of lack of understanding and sympathy on the part of his family, Trigrant Burrow worked with Clarence Shields during the rest of his life to bring about 'automatic relinquishment of the personalistic or private basis and its replacement by a more inclusive attitude toward the problems of human consciousness' (p. 46). As the years passed they were joined in this task by others, and formed a small group of loyal associates. Dr. Burrow's publications were numerous,

but increasingly obscure to his colleagues and old medical friends. He willingly, even humorously, admitted his ineptness in communicating the essence of his discoveries. The implications of the following quotation from a letter written in his seventy-fourth year are touching. He tells of his daughter, who had been close to his research endeavors for many, many years: 'She said to me later, "Father, I want to read Mr. Wallace's statement again. I believe I begin to have a really clear idea of what your work is all about." To which I said, "I believe it helps me too to sense more clearly what I am driving at!"' (p. 554). His writings, nevertheless, appealed to such men as Sherwood Anderson, D. H. Lawrence, Leo Stein, and Herbert Read (the latter wrote the foreword to the book), and led to considerable correspondence with them and others.

The extent and diversity of Burrow's correspondence is overwhelming. Whether writing to the famous, to simple people, or to members of his family, Burrow is always himself. His style, gracefully simple, has literary quality and is lighted by warmth of expression and gentle appreciation of the feelings of others. He could be forceful in defense of his convictions, but never hostile or aggressive on a personal level. These letters reveal a gifted personality of depth and understanding; a mind brilliant, troubled, searching; a man devoted to his work, wide in interests, loyal to family and friends; a man of basic humility.

A psychoanalyst could hardly fail to be interested in and at times deeply moved by this volume, so richly stimulating to the inquiring fantasies of which we are so fond. Above all, one returns over and over to the thought: What would have been the outcome of this life had the author been able to realize his plan for analysis with Freud?

There is a bibliography of Burrow's published writings: five books and sixty-seven papers. There is also an adequate index.

WILLIAM G. BARRETT (SAN FRANCISCO)

SCHIZOPHRENIE. By Ludwig Binswanger. Pfullingen, Germany: Neske, 1957. 498 pp. (Including *Le Cas Suzanne Urban. Étude sur la schizophrénie*. Bruges, Belgium: Desclée de Brouwer, 1957. 144 pp.)

This volume, written by an eminent Swiss psychiatrist, an advocate

of existential analysis, contains five studies on the major psychosis. Psychoanalysts and psychoanalytically oriented psychiatrists will find it of unusual interest. Ludwig Binswanger is an experienced clinician who has at his disposal the clinical material from one of the foremost private hospitals on the Continent; furthermore, he has a thorough acquaintance both with psychoanalysis and with existential analysis. The reader will recall that Binswanger was active at the beginning of the psychoanalytic movement, publishing his first important contribution in the *Bleuler-Freud Jahrbuch*. Although his philosophical interests later led him toward Husserl and Heidegger,—a development which led him away from psychoanalysis—, Binswanger nevertheless maintained his friendship with Freud.

The genetic approach, a cornerstone of psychoanalysis, is alien to existential analysis. Since it is not concerned with the origins of the phenomena it examines, existential analysis centers its attention on the direct description and analysis of the individual's experience as well as the structure of the individual's world. While, according to Binswanger, psychoanalysis is concerned primarily with an 'ethereal world' (a world of dreams and fantasies), existential analysis undertakes to enter into all possible worlds of human existence. In this way, the latter discipline follows Hegel's principle that 'the individual is what his world (his *total world*), as his world, is'. Binswanger pays tribute to Freud's concept of the ontogenetic and phylogenetic development of the mind. However, he goes on to state that Freud's work, like most other works of genius, is one-sided and must be recognized as such to be scientifically fruitful.

The phenomenological method of existential analysis does not consider the human being as one of many objects of nature, but studies the human phenomenon from the point of view of its being in the world. According to this theory psychoanalysis is concerned only with one form of existence, namely, 'the must'; therefore, this discipline is merely one among all the others which consider existence as potential being, and love as '*Seindürfen*'. Further differences between both methods stem from these general premises. For example, existential analysis does not recognize the primacy of sensation and instinctual drives, and its approach to the problem of symbolism is essentially different. Binswanger, describing a patient whose most outstanding symptom was the wish to be slim and the fear of

putting on weight, does not see this symptom as the wish for youth and the fear of aging and becoming ugly. He believes that both the wish and the fear are interconnected since both belong to the same wish and fear world. Thus, the decisive element is not the particular wish or fear but the world structure in which they originate.

To pursue this illustration further, existential analysis goes along with psychoanalysis in stressing the importance of anality as a libidinal phase and in claiming that its significance goes far beyond the psychosomatic dichotomy. However, existential analysis looks upon this libidinal phase or, for that matter, any other psychoanalytic construct, as secondary: the anal phase is derived from the individual's world structure. Thus, Binswanger, in discussing the patient cited above, sees her basic 'world blueprint' as that of a hole. The anthropological essence of this particular form of existence is that of being oppressed or hemmed in; a being living in such a world is empty and set on filling up her emptiness, consequently anality is here combined with orality. Pleasurable sensations originating in the respective erogenous zones are not regarded as primary or essential, nor is the fear of putting on weight a symbolic fear of pregnancy; rather, the wish to become pregnant is subservient to the tendency to be filled; and, as distinct from psychoanalysis, bulimia is *not* a symbolic expression of the wish for love and for a child. In other words, libido is not looked upon as a primary force of existence. Therefore, infantile sexual theories, even if detected by psychoanalysis, cannot be regarded as a decisive factor in the development of personality.

However, despite the author's departure from psychoanalytic theory, psychiatric clinicians will find his analysis of the schizophrenic process, autistic thinking, hallucinations, and delusions both rich and rewarding. Since existential analysis is not primarily interested in therapy, the therapeutic point of view is rarely mentioned. Yet it is hardly possible to conceive that any new insight into the psychotic's world should be without influence on our therapeutic endeavors.

No doubt any clinical study based on phenomenology and existential analysis will meet with resistance in the psychoanalytically oriented readers. However, it is this reviewer's conviction that, after overcoming this resistance and after investing the effort necessary to

acquire the framework for these new concepts, the psychoanalyst will deepen and broaden his horizons; and he could not ask for a better guide than Ludwig Binswanger.

GUSTAV BYCHOWSKI (NEW YORK)

A PSYCHIATRIST WORKS WITH BLINDNESS. Selected Papers. By Louis S. Cholden, M.D. New York: The American Foundation for the Blind, 1958. 119 pp.

In bringing together these seven selected papers, The American Foundation for the Blind has provided both a fitting memorial for Louis Cholden and a fundamental text for anyone interested in the problems of the physically handicapped. Cholden's rare gifts as clinical investigator and teacher, and his phenomenal capacity to inspire his co-workers are revealed on almost every page. Whether he is addressing ophthalmologists in *Psychiatric Aspects of Informing the Patient of His Blindness*, or social workers in *The Effect of Monetary Giving on Human Beings*, or psychiatrists in *Group Therapy With the Blind*, Cholden presents psychoanalytic principles in concise, lucid terms and with an unerring grasp of his auditors' professional needs and unconscious resistances.

While any psychoanalyst would find this book engaging and instructive, I would recommend it particularly to those working with members of allied professions in social agencies, hospitals, schools, and clinics. Psychoanalysts as well as others in these settings not infrequently become pessimistic because of preoccupation with the magnitude of the obvious problems and the insufficiency of therapeutic resources which tends to obscure the less obvious positive potentials. A refreshing antidote to this tendency is provided by the last paper, *Where Do We as Rehabilitation Workers Feel Ourselves Lacking That We Must Look for a Scapegoat*. Cholden was no Pollyanna; he was rigorously honest in delineating the large gaps in our professional knowledge and insisting on the critical evaluation of 'traditional hand-me-downs, uncritically accepted. . . . We have to know what is truth and what is excuse. This can only be learned from research.'

H. ROBERT BLANK (WHITE PLAINS, NEW YORK)

THE QUEST FOR IDENTITY. By Allen Wheelis, M.D. New York: W. W. Norton & Co., Inc., 1958. 250 pp.

This book is inspired by that honest doubt which holds more faith than fifty warring creeds. The author, a practicing psychoanalyst, noting the difference between his clinical observations and classic descriptions of analytic patients, has turned for explanation to the sociologist. This explanation he found by correlating a social phenomenon, the institutional process or myth making, with Freud's primary process, and instrumentation or tool making with Freud's secondary process. He shows that the ever-increasing acceleration of the latter, compared to the stagnation inherent in institutions, is responsible not only for the present chronic international tension but also for the diminished importance of the superego today. A superego, weak in comparison with that of an older generation, lessens the scope of the unconscious, since it exerts less repression. The ego, in so far as it is freed from its old masters, God and the devil, now has a capricious tyrant in reality that cries, 'Faster, faster', for adaptation that will match technological changes. Without the fixity of the superego, the goals that gave life meaning waiver so that individuals lose self-awareness and purpose. When seeking certainties in psychoanalysis they are often disappointed.

The material denoted by this bald oversimplification has two components, the intellectual and the emotional. Precisely and even wittily, often with striking similes, the author has depicted the intangibles and generalities of the intellect. The second, the emotional, he has conveyed by a series of episodes of commonplace events in the life of a three-generation family, told with poignant simplicity that compels the reader to identify with the characters.

Beguiled by the technical excellence of this presentation, the reader may not find himself questioning these assumptions and assertions until he has finished the book. Then he may well ponder to what extent people today have exchanged acceptance by the image of an idealized parent for toleration by their contemporary peers, and whether, as a corollary, many characteristics of modern society can be explained as those of the latency period. Or, is a sense of personal identity due mostly to a harmony with the superego, or can it not also be due to an awareness of changing moods

and a mastery of the environment? Many other speculations are provoked and, in the end, the reader, if an analyst, can hardly fail to empathize with the writer's candid revelation of the emotions aroused by his occupation. In short, this book is well worth reading.

GERALDINE PEDERSON-KRAG (NORTHPORT, NEW YORK)

THE GROWTH OF LOGICAL THINKING FROM CHILDHOOD TO ADOLESCENCE.

An Essay on the Construction of Formal Operational Structure.

By Bärbel Inhelder and Jean Piaget. New York: Basic Books, Inc., 1958. 356 pp.

This book is one of a series studying intelligence at various points of growth. In former works, *The Child's Conception of the World*, *The Child's Conception of Space*, *The Construction of Reality in the Child*, *The Child's Conception of Physical Causality*, the authors elucidated various stages in the growth of mental functioning and recognized four main stages in its development: 1, the sensory-motor stage from birth to about two years; 2, the preoperational or representative stage in the period two to six years; 3, the stage of concrete operations, ages seven to eleven; and 4, the period of formal operations in the age group twelve to fifteen years and onward. The latter stage of the development of intelligence is dealt with in detail in this work.

The first fifteen chapters (Parts I and II) present a series of protocols, selected from studies of fifteen hundred boys and girls, illustrating the approach of the child in each of the four stages of development to problems of increasing complexity, with an analysis of each. These chapters document thoroughly the change in cognitive functioning which takes place in the third and fourth stages. In the third stage the child's thought processes remain essentially attached to concrete reality. The subject can organize the given data, and though there is present the ability to extend the actual in the direction of the possible or potential, there is as yet no conception of hypothesis. In the fourth stage the essential change in the cognitive process is that there is a reversal in the direction of thinking between reality and possibility in that reality is now secondary to possibility: it proceeds from what is possible to what is empirically real. It is only in this fourth stage that the ability to use the concept 'all else being

equal' is developed, and hypothetical reasoning based on a logic of all possible combinations is available to the child in performing controlled experimentation.

In Part III the growth of formal thought is studied from the standpoint of equilibrium conditions and structure formation. The thesis that the formal thought processes of stage four represent a new equilibrium is thoroughly explored and described in terms of difference from the earlier stages, comparisons between physical and psychological equilibrium states, and in terms of reality and possibility concepts. 'In a state of mental equilibrium the succession of mental acts is effected not only by the operations actually performed, but also by the entire set of possible operations, in so far as they orient the subject's searching toward deductive closure.' The discussion of the growth of thinking from the point of view of structure formation makes extensive use of symbolic logic as a tool in delineating and elucidating the structures of the equilibrium states in stages three and four. In the final chapter, the thesis laid down in the preceding, i.e. the role of the formal structures of thought, is applied to the psychology of the adolescent as a being beginning to take up adult roles and as one for whom possibilities, systems, theories, and ideals characteristically color his view of life, in contrast to the child who is concerned only with present reality.

This book presents one aspect of ego development, namely the growth of a cognitive function in, as it were, 'pure culture', the elements dealt with being the child's intellectual processes in relation to an inanimate object and in isolation from considerations of motivation, relationship, and personal interaction. In this framework the concepts appear valid and the method of presenting them is convincing. To this reviewer, who is unfamiliar with logic and higher mathematics, symbolic logic as a means of expression and delineation of the concepts considered appears as a proper tool and in harmony with the study of this particular facet of psychology.

How validly the point of view and the method put forth by the authors can be extrapolated to a more total dynamic psychology, including a greater number of conscious and unconscious variables, is not clear. The essay to interpret in this direction the psychology of the adolescent appears thin and incomplete to this reviewer.

The book is of particular interest to psychologists and intro-

duces a new and interesting dimension to any student of growth and ego psychology.

MARJORIE HARLE (ROCHESTER, NEW YORK)

DYNAMICS OF PSYCHOTHERAPY. The Psychology of Personality Change. Volume III. Procedures. By Percival M. Symonds, Ph.D. New York: Grune & Stratton, Inc., 1958. 242 pp.

The third part of a study on psychotherapy, (the previous two parts have already been reviewed in *This QUARTERLY*, XXVI, 1957, pp. 557-558), this volume is principally concerned with the role of the therapist in psychotherapy. More than half the book deals with interpretation, and the remainder with what the author terms 'more active therapy', such as reassurance, suggestion, commands, persuasion, and advice. As in the previous volumes, Symonds makes no effort to discuss psychoanalysis separately.

Volume III has the advantage over the preceding two of quoting some clinical examples to illustrate the author's points. However, these examples are not from his own experience but from the works of Kenneth M. Colby, Felix Deutsch, and the latter and William F. Murphy. Again, this volume suffers from too much generalization, and the author's need for neat categorization leads to inaccurate polarized formulations. For example, he states (p. 339) that 'the therapist wishes through interpretation to enable his patient to substitute intellectual, contemplative, and reflective responses for impulsive, emotional, and defensive reactions'. Certainly Professor Symonds neglects the role of the patient's emotions in insight and in the understanding of interpretations.

In another place he mentions how the therapist's use of the patient's language will help the patient to become involved in the transference and make an identification with the therapist. But would not this rather facilitate the therapist's identification with the patient instead of the reverse as Professor Symonds states? Certainly the use of the patient's language is of value in helping the patient to understand interpretations in the most immediate way. The imprecision of Professor Symonds's formulations, as in this last example, would seem to be very confusing to the neophyte therapist for whom these volumes are intended.

BERNARD BRODSKY (NEW YORK)

THE MEASUREMENT AND APPRAISAL OF ADULT INTELLIGENCE. By David Wechsler, Ph.D. Fourth Edition. Baltimore: The Williams & Wilkins Company, 1958. 297 pp.

Since its introduction in 1939, David Wechsler's Bellevue Intelligence Scale has established itself as a definitive intelligence test for adults. The first three editions of *The Measurement of Adult Intelligence* served both as a test manual for the Bellevue Scale and a general treatise on intelligence. The introduction of a major revision in the Wechsler-Bellevue Test, now called the Wechsler Adult Intelligence Scale (WAIS), provides the occasion for the fourth edition. The improved standardization of the WAIS together with the presentation of new population norms make it an even more useful test than its older version. The fourth edition of Wechsler's accompanying text, entitled *The Measurement and Appraisal of Adult Intelligence*, is considerably revised in the presentation, arrangement, and quantity of data gathered with the author's tests.

A principal change in the text is the omission of the test and scoring instructions, and IQ tables, and their inclusion in a separate manual that accompanies the test equipment. Wechsler has substantially revised or added to most of the chapters and has added five new chapters: 8, Factorial Composition of the Wechsler-Bellevue I and Wechsler Adult Intelligence Scales; 9, Changes in Intelligence and Intellectual Ability with Age; 10, Sex Differences in Intelligence; 13, Changes in Intelligence Consequent to Brain Damage; and 14, Utilization of W-B I and WAIS in Counseling and Guidance. Readers interested in research in cognition will find the chapters on Factorial Composition and Sex Differences particularly interesting.

In a major revision of a book, the reader expects the author to take notice of new relevant data and novel views of his topic even if they tend to contradict the author's own interpretations. Here lies the glaring omission in Wechsler's current text. His ideas about intelligence, tightly tied to Spearman's, remain essentially unrevised. The author is certainly entitled to his commitment. His steadfastness, however, becomes parochial when he ignores completely the recent theoretical contributions to the problem of intellectual functioning and development from sources other than studies utilizing traditional intelligence tests. Psychoanalytic ego psychology, as

represented by the contributions of Hartmann and Rapaport (including studies of conflict-free structures, processes of automatization, and the delaying function of thought), and Piaget's investigations of the development of intelligence are unmentioned. It is particularly unfortunate that the author of a test which is so useful in appraising the uniqueness of a person's intellectual functioning should shun the efforts to understand intellectual functioning within the context of a general theory of personality.

Wechsler's efforts to maintain the insularity of intelligence force him to ignore the implications of many of his own statements. When he defines intelligence as 'the aggregate or global capacity of the individual to act purposefully, to think rationally, and to deal effectively with his environment', he implicates the processes of adaptation and the defensive delaying of impulse discharge. Yet he nowhere follows his definition to its significance for reality testing, control over affects, and detours for impulse discharge.

Although Wechsler defines intelligence as a 'global capacity', intelligent behavior is discussed by him as if it were empirically separable from nonintellective behavior. Thus, he writes, 'more challenging, at least for diagnostic purposes, are the failures and successes . . . usually on individual test items which are seemingly due to the individual's personality and emotional conditioning'. The author implies that personality enters into intelligent behavior only in so far as the *content* of a person's response is concerned. The formal organization of thought and the patterning of abilities are treated as if they did not reflect the personality organization of the person. It becomes clear that to the author, personality organization consists of drives, motives, and affects that *disrupt* test performance. 'In the writer's opinion', Wechsler writes (p. 179), 'both the oversensitized clinician and the matter-of-fact statistician are likely to overestimate impact of personality variables on test performance. This does not mean that these variables are of no importance . . . emotionality, anxiety, motivation, etc. can influence test scores, but only seldom do they influence performance to such a degree as to invalidate the test findings as a whole.'

The author has expanded the chapter on Diagnostic and Clinical Features from twenty-two pages in the third edition to forty-four pages in the fourth edition, indicating his increased appreciation for the diagnostic yield of his test. Yet his view of diagnosis is un-

fortunately primitive, borrowing from the worst features of psychiatric nosology. Wechsler presents 'typical' test score patterns of such mythical groups of people as 'the schizophrenic', 'the anxiety reaction type', 'the sociopath'. It is a pity that Wechsler's skill as a test constructor is not matched by his sophistication as clinician. He gives scant consideration to the psychological problems a person must confront when solving the test items, to the cognitive functions tapped by the tests. The W-B I and the WAIS are excellent instruments for gathering information about the cognitive organization of the person tested; but one can make optimal diagnostic use of the tests by reasoning from the psychological functions tapped by the test rather than from a blind application of signs such as, 'a very high Similarities along with a very low Picture Completion is definitely indicative of schizophrenia, *because* [italics added] no other type of patient, so far as we have been able to determine, shows this combination'. A similar kind of reasoning from signs and classes rather than from psychological processes pervades the discussion of brain damage and the potentially useful chapter on Sex Differences.

By confining his discussion to the statistical evidence for a decline in 'mental ability' in the chapter on Mental Deterioration, Wechsler misses a fine opportunity to discuss the possible effects of such a decline on well-established control processes, on affect expression, and on adaptive efforts.

The publishers have done a slipshod job of typesetting. Margins in the bibliography are violated and there are numerous typographical errors.

The test, not the text's the thing.

PHILIP S. HOLZMAN (TOPEKA)

THINKING. AN EXPERIMENTAL AND SOCIAL STUDY. By Sir Frederic Bartlett. New York: Basic Books, Inc., 1958. 203 pp.

Bartlett's thinking about thinking, buttressed by laboratory experiments which antedate World War I, results in a peculiarly discursive book which seems ill-suited both for professional psychologists and the laity.

Taking a narrower view of cognitive processes than that held, for example, by Hebb, the author divides thought into two main types: formal or 'closed-system' thinking and 'adventurous' thinking. The

latter, which is treated most superficially, is further subdivided into experimental (i.e., scientific), everyday, and artistic thinking. The categories, though valid, are neither especially rigorous nor penetrating; and the entire approach is marked by an obsolescent, if rather individualistic, mixture of associationism and gestalt. However, neither of these two currents of psychological theory is acknowledged by Bartlett, whose laboratory appears to be well-insulated; and, apart from the obvious influences of late nineteenth-century *Denkpsychologie*, his major insights derive (apparently by transfer) from Haddon, Head, and Rivers, whose major work lay outside of psychology.

Since Bartlett has not attempted a systematic treatise on thinking, or even a critical appraisal of the important work done in this area by contemporary and earlier psychologists, he is not subject to criticism for these serious deficiencies. But the reader is entitled to wonder how prefatory and pedestrian an academic specialization can become after almost half a century of intensive practice. At any rate, this book will neither intensify nor obstruct the revival of interest in problems of cognition.

S. H. POSINSKY (NEW YORK)

VERBAL BEHAVIOR. By B. F. Skinner. New York: Appleton-Century-Crofts, 1957. 478 pp.

B. F. Skinner is one of the outstanding American psychologists in the behavioristic tradition. For some twenty-five years he has made theoretical, methodological, and empirical contributions that have significantly affected the growth of psychology as a general science of behavior. For just as long, Skinner worked on the formulations presented in this book. He has also written a novel. These indications of a creative, yet disciplined thinker, suggest what the reader will find in this book: an original, imaginative, and systematic treatment of verbal behavior. Closer study, however, will be of great value to anyone seriously interested in the psychology of language and communication.

The book is a theoretical statement worked out in considerable detail and amply illustrated with literary material, examples from everyday life, and, to some extent, with clinical phenomena. It is neither a report of quantitative, empirical studies, nor a survey of

the scientific literature on the subject. The author's basic orientation is toward an empirical, functional treatment of language in the framework of his more general theory of behavior.

The book can have different values for different readers. Skinner treats an extremely wide range of human phenomena from his consistently held, single theoretical position. In this regard, his book is unusual among those dealing with the psychology of language. Sharing in such an enterprise is stimulating and provocative, regardless of how one views the theory. The theory itself will interest many readers. Some of the 'facts' of verbal behavior which Skinner cites will be new to the reader, some old, but nearly all will be interesting.

Skinner's behavioral and empirical orientation serves him as 'Occam's razor'. He uses it readily, and often deftly, as he strives to cut through knotty formulations favored by tradition and to lay bare the essential behavioral processes as he sees them. The sign-symbol distinction, concepts of 'reference' and 'meaning', and treatments of language as the expression or manipulation of ideas, for example, are some of the notions critically considered. Certain psychoanalytic formulations receive similar treatment. Skinner is quite assertive upon all these occasions and will strike some readers as iconoclastic.

In a personal epilogue the author tells something about the origins of the present book. During a conversation in 1934 with Alfred North Whitehead, Skinner zealously proclaimed the virtues of the then current extreme behaviorism. In response, Whitehead presented this challenge: 'Let me see you', he said, 'account for my behavior as I sit here saying "No black scorpion is falling upon this table"' (p. 457). The author started immediately on the inquiry resulting in this book. Skinner's system enables him to treat 'black scorpion' as an allusion to behaviorism and to regard the complete statement as a denial by Whitehead of the validity of radical behaviorism or of Skinner's complete tie to it. The psychoanalyst will be unfamiliar with the terms and concepts used in meeting Whitehead's challenge, and for many reasons will regard them as inadequate for the task. Skinner's attitude toward psychoanalysis is, in turn, ambivalent. Yet the reviewer came away from the book believing there is a closer underlying kinship between Skinner and

the psychoanalyst than either might realize or concede, and that each can gain something from the other.

GEORGE F. MAHL (NEW HAVEN)

THE MIND OF THE MURDERER. By W. Lindesay Neustatter, M.D. New York: Philosophical Library, Inc., 1957. 232 pp.

PSYCHOLOGICAL DISORDER AND CRIME. By W. Lindesay Neustatter, M.D. New York: Philosophical Library, Inc., 1957. 248 pp.

These books are written for the lay public by an English psychiatrist of wide experience. One volume runs through a common list of clinical labels—schizophrenia, the organic psychoses, and so on—and characterizes them with the aid of brief allusions to pertinent cases. The volume devoted to the murderer is organized upon a similar principle. Famous murder cases are chosen to show that the act can be committed by individuals who fall into practically all the clinical categories. The details of each murder are set forth as described in the press.

The laymen who read these books will have a concise guide to a mildly psychodynamic orientation in the field.

HAROLD D. LASSWELL (NEW HAVEN)

ABSTRACTS

International Journal of Psychoanalysis. XXXVIII, 1957.

The Erotic Instincts. A Contribution to the Study of Instincts. Mortimer Ostow. Pp. 305-324.

Some of the principal concepts of Freud's theory of instinct are examined and compared with their homologues in the instincts of lower animals. A phylogenetic anticipation of dynamic system perhaps exists in the displacement activity of animals, whereby an instinctual activity set in motion and then blocked transfers its impetus to a different, inappropriate activity. The instinctual act and the wish which represents it psychically can be dissected into the following components: subject, object, contact apparatus, role, and technique. Role (active, passive, or reflexive) and technique are both included in Freud's term 'aim'. Technique is the actual performance, and according to the current ethological image it is proposed to distinguish between appetitive (object-finding) and consummatory (definitive, concluding) acts. A category of approach or preparatory acts is also proposed. Contact apparatus is the pair of body structures to be apposed in the performance of the act. Freud refers to the subject's apparatus as the 'source', while the object's apparatus is comprehended within the 'aim'. In animal instincts there is a fixed and limited set of instinctual needs, whereas in man, by virtue of plasticity, a much larger number of combinations is possible, of which some few are favored by each individual as a result of endowment or infantile experience. Hence man requires an elaborate testing system to eliminate new combinations which are inappropriate or dangerous, whereas animals do not. Because of this tremendous variability in form, and because of the consistency of activation, human instinctual behavior is not limited to rigid patterns evoked intermittently by internal needs or to responses to external demands but rather maintains a constant pressure leading to numberless varieties of constructive work and libidinal coöperation.

AUTHOR'S ABSTRACT

The Precognitive Cultural Ingredients of Schizophrenia. James Clark Moloney. Pp. 325-340.

Under optimum conditions, the mother caresses and stimulates the whole of her infant's skin, its entire body, enabling it to fuse this skin experience with the other sensory contacts with the mother such as sight and smell. Such very early complete relation to the mother fosters more effective ego development, with a surer sense of ego boundaries, an adequate sense of reality, a greater readiness for ultimate emancipation and independence. Those who have suffered deprivations in such intimacy with the mother are prone to develop distortions in their sensory perceptions of the outer world, with consequent later poor contact with reality.

The Psychoanalytic Treatment of Ulcerative Colitis. Melitta Sperling. Pp. 341-349.

There is considerable evidence of close connections between ulcerative colitis

and psychosis, especially schizophrenia. It is, however, not clear why one person reacts with the somatic, another with the psychotic, 'break'. Some analysts fear that the analysis of patients with colitis may precipitate psychosis. Sperling does not; she has successfully analyzed children (some still followed by her ten years after) and one young adult in whom a psychotic break had seemed inevitable. She cautions against palliative psychotherapy, which has the effect of rewarding the patient for illness and thus perpetuating it.

Two Types of Preöedipal Character Disorders. Isidor Silberman. Pp. 350-358.

Kanner's autistic infantile psychosis and Mahler's symbiotic infantile psychosis are described in detail by Silberman as a basis for his examination of certain aspects of preöedipal character disorder. The autistic child has no affective awareness, is withdrawn and alone. The symbiotic type remains fixed at a parasitic relation between child and mother, failing to achieve an object-libidinal cathexis with her. The nucleus of its ego is less damaged than is that of the autistic child, and it can therefore cope to a certain degree with its drives in spite of severe ego distortions. In comparison with such cases, Silberman describes two patients with character disorders, both resembling obsessive-compulsives. One showed withdrawal and limited interest in his environment, the other too intensive and prolonged dependency. 'The autistic character disorder, symbiotically starved, may be likened to an immoderate anal system; the symbiotic character disorder, symbiotically overfed, to a large open-mouthed stomach, eager to receive and never filled to satisfaction.' Both infantile psychoses show a marked defect in ego development, with failure in transforming, taming, and controlling the id. The 'constitutionally damaged' psychotic child does not possess the endowment to create an adequate ego; the child with preöedipal character disorder has an immature and developmentally delayed ego nucleus which under unfavorable conditions becomes an incompetent ego. The 'conditions' are imposed by the personality of the parents, primarily of the mother: if her aggressions predominate, autism ensues, whereas if her unhealthy libidinal forces prevail, symbiosis results.

Changing Patterns of Parent-Child Relations in an Urban Culture. Margaret Mead. Pp. 369-378.

'Urban' culture (all those parts of the world, whether rural or not, that participate in industrialized society) is examined by Dr. Mead with special reference to the relation between cultural anthropology and psychoanalysis. The infant that fails to thrive evokes its mother's anxiety and her supply of milk fails. In primitive societies this frequently meant death for infants physically or psychologically inadequately endowed for nursing. Only the most suitable children survived, and consequently parents saved their energy for survival of themselves and their other children. Under those conditions death was a 'biologically adequate' result. In contemporary society, however, the defective survive because various supplemental devices are available. When today a child fails to nurse properly, and the mother becomes anxious and produces less milk, she is responding inappropriately: her apprehensions, with all their traumatic consequences for herself and the child, are unwarranted. Some of man's older biologi-

cal responses are no longer adequate and appropriate. To make this fact generally known could prevent much anxiety.

Man has various biological capacities that are seldom employed. One is 'fatherhood behavior' analogous to instinctual maternal behavior, a potential unused in our culture for many centuries. Recent data suggest that it is ready to emerge under appropriately permissive conditions.

Mead questions the thesis that very close ties between mother and child should be fostered. Since our culture brings our children into more or less constant contact with many strangers, beginning at a very early age, perhaps it would be wiser to prepare children for life by encouraging wider experiences, in the arms of many individuals.

In primitive society, which changes slowly, the design of its ingredients and the behavior of its members are congruent. The total culture is coherent. By contrast, the 'civilized' world is fragmented, broken, with 'incongruity among all its parts'.

JOSEPH LANDER

On Identification. Roy R. Grinker. Pp. 379-390.

Study of patients in psychoanalysis and observations of one infant suggest that identifications are bridging functions between social roles and internal psychological processes. How do the patterned processes of the external human environment become internalized to form identifications? The basic groundwork or template of personality is developed early by transactional identifications, before differentiation of personality into special psychological structures or subsystems. The same early transactional processes leading to identification contribute basic patterns to each of the psychological systems, to be differentiated later. Once they are isolated, further accretions of content depend upon the maturation of mechanisms of perception and motor control in relationships with significant persons. Identifications, and ultimately identity, are resultants of instinctual drives and experiences with reality, both of which must be taken into consideration. The resulting defenses and symptoms are synthesized by the integrating and organizing forces of the self.

AUTHOR'S ABSTRACT

Notes On Symbol Formation. Hanna Segal. Pp. 391-397.

The process of symbol formation brings together and integrates the internal with the external, the subject with the object, earlier experiences with later ones. It is essentially a reflection of the relation of the ego to its objects. In the first stages of symbol formation, projections of parts of the self into the object lead to identifications with that object. This symbolic equation between the original object and its symbol in the internal and external world is the basis for much schizophrenic thinking: the disturbance in the ego is manifested by the failure to distinguish between the symbol and the thing symbolized, between the self and the object. Where such symbolic equations are with bad objects, one tries to annihilate them by total withdrawal of interest—'paranoid schizoid position' (Klein). In the 'depressive position' (Klein), however, there is a capacity for ambivalence, and introjection is more prominent than projection as one strives

toward rebuilding, retaining the object inside. Objects which were earlier seen as totally good or totally bad are now seen as one, and the ego attempts to spare the object from its aggression. Inhibition of aggression becomes necessary, and the process of symbol formation takes on new aspects for the purpose of displacing the aggressive or introjective drives onto new objects. Unlike the earlier stage, where symbol and object symbolized were equivalent, the symbol is now felt as something created by the ego, therefore something with the qualities of the external and representational, and having a potential for sublimation. A basic function of the ego, therefore, is to enable one to cope with earlier anxieties through symbolization.

The Awarding of a Penis as Compensation for Rape. George Devereux. Pp. 398-401.

Careful psychoanalytic examination of myths yields new types of unconscious fantasies and other information useful for therapy. These fantasies and other psychic processes can then be identified in clinical work. True analytic exploration of cultural data thus broadens clinical horizons. The author illustrates his thesis with examination of a Greek myth.

The Tibetan Lamaist Ritual: Chöd. Jacques Schnier. Pp. 402-407.

Striking parallels exist between some Buddhist concepts and those of analysis. Both emphasize that mental analysis is a way of taming the passions and that it is hard to conquer powerful inner forces. Both are pre-eminently devoted to reality, and both reject moral judgments as the mode of solving life's problems. Neither system of thought supports a concept of God, and both aim to eliminate anxiety and fear. For both, basic goals are the search for knowledge and the attainment of tranquility. The features of the ritual described in this paper are the classical manifestations of the oral-sadistic impulses, which are recognized as such by leading lamas, the great meditators.

Justice, Aggression, and Eros. F. R. Bienenfeld. Pp. 419-427.

The author suggests that psychological trends observable in infancy constitute the basis for the whole framework of every legal system. Two main streams occur in legal systems: aggression, the application of force, as in criminal and military law; and that very considerable component of law which provides people with the resources necessary for their existence. 'Social security' measures have occurred in every period of history, intended to support members of even quite primitive cultures. The early experience of the individual is analogous to these two bases of the law, for the mother, who is the prototype for the superego, has two relationships to the child; she exists for it as a good and a bad mother, one who gives and one who punishes or deprives. But the good and giving aspect of the earliest months antedates the prohibiting and depriving aspect: Eros, not aggression, creates the first effective rules of relationship.

JOSEPH LANDER

Psychoanalytic Review. XLIV, 1957.

Representative and Typical Dreams With Emphasis on the Masculinity-Femininity Problem. Max Friedemann. Pp. 363-388.

Employing a special method for study of manifest content, Friedemann draws a number of inferences regarding 'representative dreams'. These he defines as 'dreams of different dreamers, grouped together according to their relationship with similar psychoanalytic situations'. The situations discussed in this study concern problems of masculinity and femininity. Many similarities exist between the dream images of different dreamers. The origin and significance of dream symbolism is discussed; 'the choice of the symbol is culture bound'.

Thoughts on the Latency Period. Fred S. Friedenberg. Pp. 390-400.

The author believes the latency period has been neglected in analysis and in investigative studies. This phase creates 'social virtues by sublimation. . . . The latency period is the reaction-formation that ends each developmental stage of mankind.' It is analogous to hibernation, and serves as a barrier against the psychotic threats of the archaic past.

Hypocrisy, Detachment, and Adaptation. Melitta Schmideberg. Pp. 401-409.

'Hypocrisy' includes a variety of phenomena; it is a form of ego adaptation, a partial defiance of the adult, a preservation of one's own ego. Fear of real feeling may lead one to simulate emotions; one can rationalize such 'hypocritical' feelings, and can cope with them more easily. Detachment serves similar purposes in adaptation: less intense feelings can be handled better, frustration is lessened, conflicts over instincts are milder. But such adaptation extorts a heavy price in repression of ideas and feelings, loss of spontaneity, capacity for adjustment. Some degree of depersonalization is closely linked with this process. In some situations self-control can be achieved only through such depersonalization; but again, the price paid can be most damaging to the personality. 'The idealization of self-control, objectivity, and detachment springs from fear of emotions' and, in the author's opinion, may do 'at least as much harm as unbridled emotion'.

Revolution and Drive. M. Woolf. Pp. 410-432.

The author examines various aspects of the drives behind man's revolutionary movements, the struggles between 'conservative' and 'progressive' forces. He rejects the Marxist denial of a connection between revolutionary movements and sexual drives. He believes that the early Soviet authorities consciously fostered sexual anarchy in order to destroy the concepts of marriage and family, those being the structural bases of bourgeois society. It soon became evident, however, that sexual anarchy threatens the existence of *any* organized society. Marriage regained its legal form and sexual promiscuity became limited, after the phase of sexual anarchy had served its purpose of freeing strong revolutionary and destructive forces which shook bourgeois society to its foundations. Woolf examines the source of the preservative and stabilizing forces in society. These are operative when the group accepts and loves an object: a hero, an idea, a principle. In a capitalist society this principle is the accumulation of material wealth, with concomitant anal-sadistic coloration. Regression in such a society is anal-sadistic. In a decaying society there are no rewards for 'good behavior', and regression ensues: 'The superego loses its social support and protection'. If the superego bars anal-sadistic regression, another refuge is the world of mysticism and miracle.

The principles underlying man's first 'revolution', the murder of the father by the primeval horde, are still valid. In a strongly patriarchal culture, Soviet or other, one nevertheless must also acknowledge the validity of economic forces. But Woolf suggests that in the increasing influence of the woman, in the decreasing strength of the patriarchate, and the increasing effectiveness of education, there is ultimately an unavoidable 'lessening of the father complex' with consequent hope for an end to man's psychological need for revolution.

The Symptom, Fear of Death. Francis H. Hoffman and Morris W. Brody. Pp. 433-438.

Fear of death derives from intolerance of tension, and from the mechanisms employed to free one's self of all anxiety. Patients with this fear achieve a psychic state that parallels death: in the goal of attempting to destroy the (psychic) illness, they destroy themselves in order to emerge newborn from the ashes of the old self. The concept of death derives from various life experiences, among them a sense of incompleteness, separation anxiety, the affective component of the sinking, falling feeling (Lewin), and the experience of the death of someone toward whom one has been ambivalent. In various ways man has tried to deny death's inexorableness: he stresses its accidental nature, he attributes it to evil spirits, and he constructs such denials as the myth of the phoenix.

The Demosthenes Complex. Dominick A. Barbara. Pp. 439-446.

The title denotes those neurotics who because of difficulty in speaking strive for self-glorification, directing most of their energies toward absolute perfection in most areas. They aim at remodeling themselves in order to achieve an idealized self-image. Serious disregard for reality is frequently found.

Fear of Heights. Edmund Bergler. Pp. 447-451.

This symptom is 'encountered exclusively among orally regressed neurotics' with voyeuristic and exhibitionistic disturbances, often associated with agoraphobia. Acrophobia dramatizes two inner problems: 'bad mother will drop me', and denial of climbing to a high point in order to exhibit one's genitals. The fear 'proves' the wish to avoid both situations.

Further Contributions to the Problem of Blushing. Edmund Bergler. Pp. 452-456.

Analytic failures with cases of blushing rest on poor understanding of the dynamics. Bergler describes what he sees as the errors in therapeutic interpretation. Neurotic blushing occurs in masochists who cannot wait until punishment strikes: the symptom represents an anticipatory acting out of that punishment. Beating fantasies occur with great regularity in persons who blush; the red cheeks symbolize the buttocks reddened by beating.

Some Clinical Aspects of the Body Ego, With Especial Reference to Phantom Limb Phenomena. William F. Murphy. Pp. 462-477.

In contrast to comprehensive study of the individual's personal relationships, insufficient emphasis has been laid on his patterns of relationship to his own

body image, and the ego's manipulation (use) of perceptions. Body sensations may be used, within or outside the analytic situation, to express instinctual drives, or as defensive maneuvers of the ego. The body ego is the gateway to the affects; analytic scrutiny of body sensations affords rich clues to the meaning of defensive and expressive aspects of personal relationships. Glover long ago stressed a closely related point: patients who pay attention to their personal relationships to the exclusion of sensory symptoms and other problems of body image are most difficult to treat. The analytic task is to integrate *all* spheres of action and relationship, within and without the patient. How experiences of phantom limb are utilized to reactivate early traumata is illustrated with several cases. The sensory perceptions of phantom limbs (not necessarily of amputated limbs; impaired function may produce the identical syndrome) may represent unrecognized and repressed memories from a remote past. For example, in a girl with a leg crippled by poliomyelitis, the loss of the mother became equated with the loss of the function in that leg, pain and other sensations having corollary meanings with respect to the mother. Murphy discusses other aspects of phantom limb phenomena in relation to the body ego.

JOSEPH LANDER

Bulletin of the Philadelphia Association for Psychoanalysis. VII, 1957.

A Problem of Technique in the Analysis of a Transference. John M. Flumerfelt. Pp. 117-135.

Flumerfelt describes patients who use interpretations for oral gratification. The gratification also serves as a defense to ward off oral aggression. These patients 'eat interpretations'; for them interpretations are not likely to promote growth of the ego. The analyst is most likely to be made aware of this use of interpretations by his own affective responses to the patient. This pattern manifests itself more clearly in form than in content. The technical problem posed by such a pattern may be approached first by withholding interpretation of content, a deprivation that will arouse mounting tension. The analyst is then able to point out the patient's reaction to deprivation and connect it with other familiar feelings of discomfort in the patient's life. Such interpretations of form will often make it possible for the patient to develop a greater tolerance for tension and to postpone gratification. The patient's ego has been fed just enough to keep it at work. It may now begin to produce dreams, affects, and old defenses, and all these may be used for the analysis. An illustrative case is presented.

A Clinical Note on the Unconscious Equation, Machine=Penis. Harold Kolansky. Pp. 136-139.

Analysis of an eleven-year-old boy confirms the unconscious relation between machine and penis, to which Freud called attention. Under severe castration threats, this young patient had unconsciously diverted his masturbatory impulses to a latent interest in machinery. This interest was obviously symbolic and compulsive. Appropriate interpretation of the displacement and castration fears was followed by a more conscious, less compulsive, and more creative interest in machinery.

EDWIN F. ALSTON

American Journal of Orthopsychiatry. XXVI, 1956.

Anorexia Nervosa in the Male Child. E. I. Falstein, S. C. Feinstein, and Ilse Judas. Pp. 751-769.

There is no neurosis specific to anorexia nervosa and no specific anorexia nervosa. Rather it represents a late phase in the clinical course of a large body of emotional disorders, all in some way connected with orality, and including bulimia and obesity. All cases show severe disturbance in the early relation of mother to child. The mother appears to identify the child with a dead sibling or parent toward whom death wishes were entertained. During latency these children tend to be obese. In all cases, the self-starvation begins in the prepubescent period with the initiation of voluntary dieting for reducing, encouraged at first by the mother. This encouragement precipitates panic and regression. The starvation seems to be an attempt to kill the incorporated mother as well as to kill and remove the fat, which is associated with the female form. The mothers respond to the threat of fulfillment of their own unconscious hostile wishes by regression and attempts by any means to force the patient to eat. These patients cannot be treated in their homes. Treatment must be intensive and prolonged long beyond the stage of symptomatic improvement.

MERL M. JACKEL

American Journal of Orthopsychiatry. XXVII, 1957.

Capacity and Motivation. David M. Levy. Pp. 1-8.

Levy writes of the tendency to forget about the patient's capacity and its limitations because of our bias in favor of the psychodynamic approach. By capacity is meant the individual's ability, fitness, endowment in a general sense, and the nonmotivational aspects of his behavior. Organic defects and physical immaturity provide obvious examples. Levy also includes psychological mechanisms that are rigid structures. Such a mechanism is best regarded as an incapacity beyond the influence of motivational psychotherapy. Capacity is also limited by the results of severe emotional deprivation, by variations in capacity for mothering, and by severe negativism.

The Influence of Unsolved Maternal Oral Conflicts Upon Impulsive Acting Out in Young Children. E. N. Rexford and S. T. Van Amerongen. Pp. 75-87.

This paper is based on a study of one hundred twenty children, aged five to twelve years, referred for such persistent impulsive acting out as fire setting and stealing. Four mothers are described in detail. Although of different degrees of maturity they all are in conflict over unsatisfied oral needs. When the hoped for gratification from their husbands does not materialize, their conflicts with their own mothers is reactivated in their dealings with their children. Since they feel chronically deprived they are unable to provide a consistently satisfying milieu for the child. They are unable to set limits on behavior for their children because they fear setting up an intolerable tension in the child and causing it to desire destructive retaliation. They look for satisfaction of their own infantile oral needs through the child; in their identification with the child, they encourage aggressive and dependent behavior. The result is a child who cannot build a

strong ego. Reality testing is poor, sublimation limited, and the slightest frustration is felt as intolerable. Tension and anxiety must be met by action.

Internalized Objects in Children. Manuel Furer, Milton H. Horowitz, Leon Tec, and James M. Toolan. Pp. 88-95.

All admissions during one year to the children's and adolescents' service of a large psychiatric hospital were directly questioned about belief in internalized phenomena. All who described such internal hallucinations were schizophrenic. Positive responses were obtained in twenty-six percent of schizophrenic children as opposed to thirteen percent of schizophrenic adolescents. The types of phenomena reported were internal voices urging deeds of good or evil; figures such as God, the devil, an angel, or a person, living or dead; animals; or such inanimate objects as clocks.

Clinical Management of Masochism. Helen E. Durkin. Pp. 185-199.

The therapist must see the whole patient, both the clinical behavior and its genetic origin, the patient's need for love and his inability to accept it. Neglect of either aspect leads to failure. The transference and its use in masochists is discussed.

MERL M. JACKEL

Psychosomatic Medicine. XIX, 1957.

Depth Electrographic Recording of a Seizure During a Structured Interview. Ulrich C. Groethuysen, David B. Robinson, Clarice H. Haglett, Hubert R. Estes, Adelaide M. Johnson. Pp. 353-363.

A forty-six-year-old catatonic schizophrenic woman, with a thirty-year history of psychosis and a history of convulsions in childhood, was studied in preparation for lobotomy. While a recording was made from implanted depth electrodes, the patient was confronted with information (obtained from her mother) about sexual advances made to the patient by her father. Shortly after the presentation of this material an epileptic seizure occurred which the authors suggest may represent a complex psychological defense in the face of a highly traumatic revived experience.

Patterns of Emotional Recovery From Hysterectomy. Doris Menzer, Thomas Morris, Phillip Gates, Joseph Sabbath, Harriet Robey, Thomas Plant, Somers H. Sturgis. Pp. 379-388.

In a series of twenty-six women who had undergone hysterectomy for benign uterine disease the authors observed that the intensity, duration, and tolerance of physical symptoms paralleled the emotional suffering resulting from the loss of the uterus. The immediate postoperative reaction in the period of recovery from anesthesia provided a rather accurate prediction of their subsequent reactions in the hospital. The speed and nature of recovery from anesthesia bore little relation to the extent and duration of the surgical procedures. The women who suffered least emerged into consciousness with well-integrated egos. Their defenses of rationalization, intellectualization, isolation of feeling, and denial of loss were sufficiently strong to speed the recovery. The women overwhelmed by

the operative experience reacted with regression manifested by surrender to their impulses or passive withdrawal; they became unresponsive and uncommunicative. Any demands made on them caused intensification of the regressive behavior.

These observations lead to the formulation that the inner consistency observed in the immediate postoperative course as well as later convalescence depends on the patient's character structure, the nature and intensity of her anxieties, strength of the ego, and the feelings and fantasies aroused by the hysterectomy.

Observations on Psychological Aspects of Anorexia Nervosa. Bernard C. Meyer and Leonard A. Weinroth. Pp. 389-398.

A rather typical case of anorexia nervosa is described in some detail, with brief observations on several others. The authors have restated the basically preœdipal genesis of this condition pointing out that, although the dramatic symptom of anorexia appears at puberty or in adolescence, the ominous diagnosis of anorexia nervosa is not warranted without an infantile history replete with such gastrointestinal difficulties as very early feeding and bowel disturbances. They mention the more common hysterical anorexia developing as a response to dawning sexuality. This must not be confused with the graver disease. The underlying process in anorexia nervosa, despite the obsessional façade, is believed to be a psychotic process.

Although sudden and dramatic changes in the clinical picture take place during a specific regimen of 'insight' psychotherapy or drugs, moving the patient from the home to the hospital is the crucial factor in stemming the downhill course of the disease. It not only removes the patient from the tension-ridden environment peopled by those individuals playing a major role in the genesis of the disease, but also introduces him to a regressive environment where the personnel supply some measure of an 'anaclitic' milieu.

The weight of the demands made on the therapist by the patient and relatives may be of sufficient magnitude to mobilize unconscious or conscious hostile reactions in him. An adequate psychotherapeutic approach requires a physician who is prepared to dedicate large quantities of time and effort and who can accept frustration and failure. The most effective means of therapy is the attainment of some gratification, through a human relationship, of the vast anaclitic needs of these patients.

Countertransference Reactions to Cancer. Richard E. Renneker. Pp. 409-418.

Psychoanalysis or psychoanalytically oriented psychotherapy of women with cancer of the breast was carried out by seven analysts, including the author, in research into the psychosomatic correlations in this disease. Even though all the researchers knew that there is no known connection between the emotions and the inception or progression of cancer, none truly accepted the fact. Despite their attempts at balance and analytic perception, their therapeutic goal was clearly prevention of recurrence of cancer or abolition of the active cancer through successful analysis of the total personality. This need to believe in psychosomatic connections in cancer and in its vulnerability to psychoanalytic treatment was an early reaction in all therapists designed to avoid facing the

idea that the therapeutic efforts might be in vain. The therapists denied the lack of control of cancer by belief in their therapeutic powers. This was also the most common reaction of cancer patients when confronted with the disease.

Renneker discusses the undermining of omnipotence of both patient and analyst. He shows how the therapeutic process of identification was markedly interfered with by the analyst's resistance to putting himself into the position of a dying person. The therapists' misidentification of the dying patient is a countertransference reaction. The major countertransference manifestations appeared to stem from the peculiar interaction of the unconscious motivation of the analyst in combination with characteristic unconscious meanings attributed to cancer.

Personality Variations in Bronchial Asthma. Peter Hobart Knapp and S. Joseph Nemetz. Pp. 443-465.

Sources of Tension in Bronchial Asthma. Peter Hobart Knapp and S. Joseph Nemetz. Pp. 466-485.

Careful systematic psychiatric study of forty patients with active chronic non-seasonal bronchial asthma showed that all had obvious emotional problems. The authors agreed with other workers in this field that asthmatics show a wide variety of disturbances with no single personality type. There were seven psychotic reactions in six of the forty subjects. All but one of these coincided with an asthmatic attack, and extensive treatment with ACTH and cortisone did not precipitate the psychotic episodes. From these observations it appears that asthma does not stand in any simple reciprocal relationship to psychosis. All possible relations and lack of relations between asthma and psychosis exist. The authors point out that the most frequent personality disturbance in subjects of all ages was a depressive mood. This was common between attacks, and during them it was almost universal. Among the group hysterical traits and symptoms were often found, and these not only appeared to be alternative or parallel manifestations of tension, but actually seemed to fuse with the asthmatic process in the form of coughing, nasal symptoms, and vocal manifestations. Moreover, the more severe the pulmonary disturbance, the more severe the personality disturbance. Asthma is one among many ways in which emotional difficulties manifest themselves.

These forty patients showed some, but by no means all, of the conflicts found in asthmatics by other investigators. The patients showed various preoccupations: with bodily sensations, with fantasies, with affects, and with problems of communication. The authors' findings are consistent with the hypothesis that the respiratory apparatus in asthmatics has acquired special importance in different ways for different individuals. The data suggest that only a more comprehensive formulation will cover the observed facts. It must account for the predominantly depressive state of asthmatics, marked by intense dependence, masochistic resolution of the rage provoked by frustration, and chronic need both to take in and to expel, expressed through the lungs.

Journal of the Hillside Hospital. V, Nos. 3-4, 1956.

This is the Israel Strauss Commemorative volume. The breadth of Dr. Strauss's interests, as well as those of his many students, is indicated by the numerous topics within this volume. The following articles are of particular interest to psychoanalysts.

The Image of the Heart and the Principle of Psychosynergy. Daniel E. Schneider. Pp. 203-211.

There is a sonic image of the heart in consciousness. It is based on the actual acoustic force of the heart. Anxiety is a disturbance of this sonic image and is the setting up of a sonic alarm throughout the mental apparatus. The author evaluates the role of this image in heart disorders and in processes of symbolization. Along with ego, id, superego, he adds as parts of the mental apparatus the image of the heart and its sonic alarm system, and a 'steersman' which performs perceptual and executive functions.

Delusions About Children Following Brain Injury. Edwin A. Weinstein, Robert L. Kahn, and Gary O. Morris. Pp. 290-300.

Delusions, confabulations, and specific amnesias relating to children occurred in thirty adult patients following brain injury. These imaginary children were endowed with the same illness or physical or social disabilities as the adults; delusions also had this content. Amnesia for a particular child revealed the marked identification between the patient and the child. Regression to child-like behavior was seen. The patients' premorbid behavior demonstrated their need to place themselves or others in the role of a child.

Work and Its Satisfactions. Sol Wiener Ginsburg. Pp. 301-311.

By offering ego satisfactions and oral gratifications, work secures for the worker his sense of belonging, his feelings of usefulness, his part in the human community, and his status in the family. Work shows the ego's turning of passivity to activity. The unemployed man, in contrast, experiences feelings of loss, deprivation, and sexual inadequacy. While modern conditions of work possibly decrease id and narcissistic gratifications, they increase opportunity for family living and leisure time.

The Death of Elpenor. Hans J. Kleinschmidt. Pp. 320-327.

The death of Elpenor in the *Odyssey* provides a psychodynamic model for self-destructive behavior in certain male adolescents. Odysseus, the primal father, has among his company Elpenor, a youth a little older than his own son, Telemachus, whom he had left at home. Elpenor's silent love for Odysseus fails in its defensive function against his own repressed incest drives when he feels rejected by him. The revival of these incest wishes follows Odysseus' seduction by Circe, the temptress. Elpenor's aggression toward Odysseus, the negative component of his attachment, is turned against himself. His suicide symbolically contains the punishment for his wishes and a wish fulfilment: he is reunited with the mother. Moreover, his death is an accusation of Odysseus.

Unconscious Factors in Anti-Semitism. Burton B. Steel. Pp. 328-332.

Judaism is to Christianity as the parent is to the child. Repression of this relationship accounts for the 'symptom' of anti-Semitism. An example of the neurotic mechanisms at play is seen in the statement, 'The Jews killed Christ'. This is a return of the actual (repressed) relationship of the Jews and Jesus and its reversal. Jesus' rebellion against his elders is equivalent to a child's attempts to displace the parent. Fantasies of parental omnipotence are present in the anti-Semite's statement of Jewish power and evil. Childhood sexual conflicts are revealed in the images of the sinful potent parent (Jew) or the (castrated) circumcised Jew. Jewish recognition of this unconscious oedipal revolt is seen in two prohibitions; that of mentioning Christ's name in a house of worship, and intermarriage.

The Double Manner By Which an Appendage Organ Like the Penis Presents Itself Sensorially to the Ego and Its Importance in the Production of Castration Anxiety. Morris M. Kessler. Pp. 368-374.

The penis is perceived as a pleasurable part of the self and as a highly cathected external object. The penis meets the test of an external object: it can be perceived by special senses, for it can be seen and it can be touched by the hand. As an external object, it is subject to loss.

The penis acquires part of this importance in each phase of development. The differentiation of the self and the object world within the anaclitic mother-child relationship is accompanied by recurrent experiences of separation, loss, and anxiety. The establishment of the special sense modalities as a system of discrimination between object and self takes place during this time. During the anal phase, the child experiences loss of stool, a part of the self yet external to the self. Castration anxiety follows these models.

The Problem of Bisexuality as Reflected in Circumcision. Samuel Z. Orgel. Pp. 375-383.

Sadistic polymorphously perverse fantasies involving circumcision were uncovered during the analysis of a salesman in his mid-twenties. He had reached the phallic stage. These fantasies are more a result of observation of the female genitalia at an early susceptible age than of circumcision. Birth was a separation during which his mother was made into a woman because her penis (himself) had been ripped away. His circumcision was a castration so that his foreskin could be used to repair the hole. His desire for reunion with his mother was an undoing of this mutual castration during which he would return to the womb, regain his foreskin, and give back to the mother her penis. Reunion meaning repair of her wound eliminated the need for parental retaliation, namely, circumcision-castration. At the same time he was already married to his mother by the use of his foreskin to repair her wound.

His father was equated with the castrating doctor. He had to offer himself to his father, for he had damaged his mother thereby making her less desirable. Childhood enemas represented forcing him to give up a child conceived by father or by self-impregnation. He also equated his penis with his mother's breasts,

hence she still had her penis and would not want his. Also, this made him both male and female.

A Case of Obsessive-Compulsive Neurosis Showing Forced Visual Imagery. Lisbeth J. Sachs. Pp. 384-391.

The symptom of forced visual imagery in this case of obsessional neurosis illustrates the typical dynamics of compulsive symptom-formation.

Teeth, Trauma, and the Dentist-Patient Relationship. Robert A. Savitt. Pp. 392-401.

This is a discussion of the psychological importance of the mouth, the anticipation of pain, and the transference-countertransference aspects of the relation of dentist and patient.

On Depersonalization and Derealization. Herman Selinsky. Pp. 402-415.

The uncanny states,—depersonalization, derealization, estrangement, and *déjà vu* phenomena,—are of a generic group. In depersonalization there is a feeling, accompanied by anxiety or fear, of being changed in regard to awareness of the self or the outside world. This sense of alienation most frequently occurs in adults with depressive reactions, though they may be present in other psychoses or neuroses. Genetically, these stem from a basic disturbance in body ego perceptions and feelings. There are a high degree of narcissism, increased dependency feelings, and vulnerability to separation anxiety and object loss. There is a weakened ego identity. Denial is the most prominent defense mechanism. Depersonalization is a denial of a portion of the ego; derealization, denial of a portion of the outside world. Anxiety in these states is evidence of the failure of denial, usually of denial of hostility. After this failure, it is reinvolved and manifests itself as the uncanny feeling.

Concerning Homicidal Impulses Toward the Psychoanalyst. Sidney Tarachow. Pp. 416-418.

During the analysis of two dreams of a patient long in treatment, real homicidal impulses were voiced toward the analyst following the thought that the analyst might be losing interest. These occurred in the context of analyzing the various aspects of the patient's oedipal problems. The first dream showed one defense concerning this impulse,—an urge to leave the analyst. Concern whether the analyst was frightened and thus would rid himself of the patient enabled the analyst to acknowledge his own concern as well as his ability to set it aside. This proved reassuring and helped the patient to control his impulses. At the same time, his evocation of the analyst's fear was a gratification of hostile wishes. The point is made that with some patients to 'merely analyze' their aggressions is to reinstitute the relationship of helpless angry child and all-powerful parent.

Interaction Between a Husband and Wife in a Marital Problem. William A. Tillmann and Lebert Harris. Pp. 419-432.

The treatment of an impulse disorder in one partner of a marriage necessitates the treatment of both.

On Book Learning. Gabriel de la Vega. Pp. 433-440.

Certain learning inhibitions, including the acquisition of facts without the ability for constructive utilization of this learning, are associated with strongly repressed sadism and increased masochistic needs. The author describes the case of an adolescent boy, a fact collector, who is querulous, hypercritical, demanding, hypochondriacal, guilt-ridden, and given to flare-ups of temper. Against a background of deep pregenital fixations, learning and forgetting meant the eating and prompt elimination of dangerous poisonous substances.

JOSEPH AFTERMAN

American Journal of Psychiatry. CXII, 1956.**Psychic Driving.** D. Ewen Cameron. Pp. 502-509.

Playing back to the patient, by means of tape recordings, important parts of therapy sessions has proved valuable in treatment. The procedure consists of insuring extended and repeated reaction by the patient to his own verbal cues ('autopsychic driving') or cues verbalized by the therapist, but based on the patient's psychodynamics ('heteropsychic driving'). Since this compels a continued response within a field largely limited by the cue material, it has been termed 'psychic driving'. Selection of a satisfactory key statement for psychic driving requires awareness of the patient's major problems. Autopsychic driving has as its primary value the penetration of defenses, elicitation of hitherto inaccessible material, and the setting up of a dynamic implant. Its purpose is usually achieved within thirty minutes of driving. Heteropsychic driving is best carried on over extended periods (ten to twelve hours daily in hospitalized patients or during sleep). Its primary uses are changing of attitudes and setting up a dynamic implant.

Psychic driving has been used in many ways: with pillow and ceiling microphones, presentation of the same theme in different ways, isolation of patient, etc. Purely mechanical variations seem of little importance. The responses to psychic driving include immediately constructive reactions, partial blocking, rejection and later acceptance, and rejection and escape, among others. By this method, the patient is shielded from the full implication of his own verbal communications. The voice sounds different. One's own voice is heard ordinarily as a synthesis of air and tissue conduction. Defense against hearing what one does not wish to hear is organized against the synthesis of tissue and air conduction. In psychic driving, tissue conduction is eliminated and thus there is a new situation against which defenses have not been organized. This breakdown in the shielding occasioned by elimination of tissue conduction is one of the basic reasons why driving is effective in penetrating defenses and in enlarging the area of the patient's communication, both to himself and to others. The patient is able to understand more of his communication when it is driven than when he hears it for the first time because of the differences in talking and listening. As the driving circuit is played back repeatedly, both patient and therapist hear more and react more extensively.

Driving (driven material) is verbalization of a part of a community of action tendencies, with reference, for example, to the relationship to the mother, to

self-assertion, or to sexual experiences. The reheard verbalizations constitute a cue which will set the particular community of action tendencies into operation, and not any others. In ordinary therapy the patient tends to move away from a painful area; in psychic driving he is unable to do so. The endless repetition confines him to a continuous reactivation of the particular community of concepts.

There are continuing effects of psychic driving. Striking continuously at a given community of action tendencies produces intensification of the individual's behavior. He becomes tense or anxious and this provides the persistent driving force of the implant. Efforts at freeing himself from this intensification cause continuous reactivation of the area concerned and thus further reorganization of the area is brought about. Psychic driving invariably produces responses which tend ultimately to be therapeutic.

Psychoanalysis in Western Culture. Franz Alexander. Pp. 692-699.

The growth of man's interest in himself is a critical development in the history of culture. In our present era, while our free societies are in crisis, Western man has arrived at self-scrutiny. When man's reliance on automatic, traditional behavior fails him, self-knowledge becomes imperative. A contrasting response to social stress is the universal state which relieves the citizen of increasingly difficult free choice. A free society, giving maximum opportunity for self-expression and guarding its members from infringing upon one another's interests, can be highly productive but, because it accelerates social change and complicates the problems of individual adjustments, it creates insecurity.

Social behavior in man is governed by two trends—one toward stability, the other toward adventure. Growth and propagation result from the surplus energy that remains over what is needed to survive and maintain homeostatic equilibrium.

Certain historical periods are dominated by search for security, others by an experimental spirit. The pioneer era of American democracy is a dramatic example of a rapidly changing free society driven by the spirit of mastery of challenges. Sociologists, anthropologists, and studies of public opinion now show a reversal of this trend. To difficulties of social adaptation, psychoanalysts attribute neuroses, and psychoanalysis has appeared as a self-curative reaction of Western society to the immense complexities of adjustment. A product of the deep respect of Western civilization for individual differences, psychoanalysis aids the individual to reconcile his own personality with his environment without sacrificing that which makes him different from others. Psychoanalysis may be Western man's last effort to save his individuality from the growing insecurity that drives him toward the universal state in which the central government takes over the problems of human society. Must the individual yield to the mass man? Surely technology can increase security without necessitating loss of spiritual freedom and individual differences. Unfortunately man is shaping his own personality to become machinelike. The materialistic theory of history is a dangerous fallacy. The necessity for survival does not explain man's whole behavior. Man shows his human qualities more in his leisure. Man alone uses his creative forces alloplastically for building forms of culture not solely determined by the need to

survive. Certain practical inventions developed originally from playful rather than utilitarian activities.

Culture is the product of man's leisure, not the sweat of his brow, and his productive abilities are liberated when he is relieved from the struggle for survival. It is sad that now, when technology could relieve man from the chores of preserving life, he loses his *raison d'être*.

Many believe that our crisis consists basically in losing faith in science. Sociology and psychology are the emerging sciences of our times. The specific cultural function and significance of psychoanalysis lie in helping Western man to find his identity, not only through psychoanalytic therapy, but also through its influence on child rearing, educational practices, etc. By understanding himself and the society in which he lives, Western man may find new aspirations for the future.

Psychoanalyst, U.S.A., 1955. Maxwell Gitelson. Pp. 700-705.

All modern techniques for studying the mind are in some way based on the basic principles of psychoanalysis, which must therefore be recognized to be a constant datum of thought and research. The social and moral character of this country causes the American psychoanalyst to be torn between utilitarianism and benevolence; for both the immediate need and the ultimate dilemma of man must be kept in mind. 'Watering down' has become a practical problem in the application of psychoanalytic discoveries. Many activities now separate the analyst from his study and his couch and join his special technique to those of other sciences. What is the consequence of this for psychoanalysis, the most refined instrument for research on the structure and operation of the individual human mind?

Twenty-five years ago psychoanalysis could be defined as a procedure that recognizes the unconscious and attempts to deal with transference and resistance. Today these concepts have shown themselves to be usefully applicable in psychotherapy as well. The crucial factor in psychoanalysis is its technique. It maintains optimum conditions for the evolution and resolution of an artificial neurosis, the transference neurosis, for which the original neurosis of childhood has been exchanged. The chief qualitative distinction of psychoanalysis from all other mental therapies is its effort to destroy the suggestive influence of the authority of the therapist. It aims to set the patient free. As an instrument of research, the analytic situation is a carefully controlled experiment in human relationships.

Analysts are under pressure from internal and external forces. There is a wish to make the patient get well by whatever means. 'Adjustment' tends to become the measure of psychic health and the goal of therapy, while we forget the cost to the potentialities of the free ego. Is this trend in psychoanalysis a retreat from freedom and a regression toward intellectual conformity? More recent advances in ego psychology may bring us fundamental insights into the individual nature of man, particularly into the problem of adaptation as it is related to determinism and free will. Thus we shall come closer to a real solution of the problems of life whose present insistence evokes hectic improvisations. Today the skills of the analyst must be extended by way of derivative and applied forms of treatment which may bring significant amelioration if not final cure.

Our knowledge of the human mind is far from complete. Psychoanalysis as therapy and psychoanalysis as research cannot be separated. The American psychoanalyst of 1955 must ponder the proposition that, unless psychoanalysis as a clinical method is practiced by him in its most developed form, we shall lose it as a tool for research.

Psychoanalytic Borderlines. Gregory Zilboorg. Pp. 706-710.

We need to formulate 'some kind of philosophy' that takes into consideration this century's upheavals and can be integrated with new psychological knowledge. We are reviewing the 'true nature of man'. Psychoanalysis has become involved in all the intellectual and moral crises of our day.

Freud stood alone because he proposed to the scientific world examination of the psyche. He cared little about the alleged untouchability of the soul but proceeded into the unknown to learn and understand. It is too early to say whether Freud was completely free of religious trends or whether he intended to produce a philosophy of his own. He raised a number of questions which he did not intend to answer, but which people suppose that he did answer.

Freud worked empirically in an area bordering upon metaphysical, ontological, and moral problems. If we make one move beyond the purely empirical, we touch upon morality, religion, or theology and ontology. Psychoanalysts seem not to have given full cognizance to this fact; thus psychoanalysis has developed fragmentary philosophies and has tended to become not a scientific discipline but a movement, duly organized, and with accoutrements of power. But the whole of social and moral philosophy is outside the psychoanalyst's scope. The psychoanalyst, like any other human being, must have a philosophy of life but more than any other professional man he must cultivate a philosophy of values because his work is always on the borderline of ontological and moral issues.

It is puzzling and regrettable that psychoanalysis has paid so little attention to the only frankly moral foundation in Freud's teaching: his own statement that he understood by Eros that which St. Paul designated in his Epistle to the Corinthians as *caritas*. When Freud sought a truly moral-philosophic basis for the integration of his scientific findings, he looked outside of scientific empiricism to one of the richest sources of moral philosophy.

Psychoanalysis: Reflections on Varying Concepts. Kenneth E. Appel. Pp. 711-715.

The author summarizes the papers of Drs. Gitelson, Alexander, and Zilboorg: Gitelson, the theoretician, has placed his faith in the theory and method of classical analysis; Alexander, the humanist, has expressed the social mission of psychoanalysis in opposing crisis and chaos; Zilboorg, the philosopher, is convinced that psychoanalysis must meet the challenge of philosophical and religious questions that are on the borderline of psychoanalysis.

Psychoanalysis has been hindered from wholesome and effective development by its isolation from medical schools and clinics. Also, some aspects of psychoanalysis constrict its effectiveness and isolate it from scholars and scientists. The limitations of analysis and the results of analytic therapy call for careful, elaborate research by psychotherapists, classical analysts, those practicing modified

analysis, and experts in physical and pharmacological therapies. Analysts should be brought into full-time work with the faculties of universities and medical schools. The method of psychoanalysis for investigating the mind and motivations will prove to be the enduring core and contribution of psychoanalysis, long outlasting it as a therapeutic tool.

Most psychiatrists are isolated from much current religious thinking and from philosophical and scientific frames of reference; distinguished thinkers in other disciplines are developing concepts that may be very helpful. Knowledge is not enough. Participation in the whole of life will strengthen our endeavors.

Stress and Emotional Health. John C. Whitehorn. Pp. 773-781.

Concepts of stress and emotional health are changing. Many believe that the rate of insanity is increasing because of the stress of modern living but the general trend of the more careful studies contradicts such statements. Where there has been a fairly consistent policy of meeting the needs for mental hospitals it is possible to obtain fairly reliable figures. One study encompassing two periods of major stress (war and depression) showed slight increase in first admissions during times of stress and this increase was in older people. Schizophrenia and manic depressive illness were less in 1933 than in 1917. The stresses of the war years produced no demonstrable increase in the psychosis rate. The depression did not appear to produce an increase in the psychoses of late life. The mental illness of these old people was not so much attributable to stress as to lack of stress.

However, military experience in World War II showed the importance of stress in the neuroses. Neuropsychiatric casualties are determined by the intensity of combat. Experience seems to have proved that nearly every man has a breaking point under extreme, prolonged stress. The major emphasis in military psychiatry is now on reduction of stress and preparing men to handle it.

Pathological mental disturbances among civilians exposed to air raids has been rare and psychiatric out-patient departments of London hospitals found a diminution in the incidence of neurotic illness.

In the first World War, despite overwhelming medical evidence to the contrary, a sudden blow was thought to be the cause of mental or emotional aberration (for example, 'shell shock'). In World War II emphasis was on cumulative stress as well as trauma.

Modern understanding of stress is based on the conceptions of earlier physiologists (Bernard, Cannon), who noted the ability of organisms to maintain relative constancy and to correct the effects of noxious forces. More recently, Selye has formulated three stages of what he terms 'the general adaptive syndrome': 1, the alarm reaction; 2, the stage of resistance; 3, the stage of exhaustion. The discovery of cortisone has roused great interest in the activities of the adrenal gland. Observations of the effect of stress on the gastric mucosa and a study of peptic ulcer patients before, during, and after life in a concentration camp show that the characteristics of a person's reaction to stress under particular circumstances are determined by the meaning of that situation to that person.

Physiological studies of organisms under stress suggest that the reactions of organs and tissues under stress are concerned with the control of energy trans-

formations for strenuous effort, most strikingly in the musculoskeletal system. Yet emergency reactions, such as accelerated metabolic rate, may be more a hindrance than a help.

We must remember that in most animal experiments the stress is produced by overloading one specific homeostatic mechanism; in the human organism, many stresses are potential rather than actual dangers: the stress arises from what is expected. There is some indication that the fear of death is less important than fear of mutilation or fear of disgraceful behavior. Under such circumstances it is very steadying to have in mind a goal that gives immediate, direct, positive meaning to effort or sacrifice, providing stronger identifications and wider ego involvements.

Whitehorn discusses definitions of the term 'stress'. Mental health is not to be sought exclusively by reduction of stress. Stress is a feature of all living. Emotional health is developed and maintained not by avoiding stress but by cultivating well-integrated effort in the advancement of one's purpose.

The Psychotherapy of the Suicidal Patient. Leonard M. Moss and Donald M. Hamilton. Pp. 814-820.

Fifty dangerously suicidal hospital patients of various diagnostic types, treated at the Westchester Division of New York Hospital between 1934 and 1953, were analyzed to determine the factors responsible for successful therapy. All diagnostic categories of mental illness were included and two control groups were studied.

No specific conflicts consistently precipitated suicidal tendencies. The patients seemed to be struggling with conflicts common to others of similar age and circumstances. Psychodynamics and symbolic significance were peculiar to each case. However, three coexisting unconscious or partially conscious factors appeared to determine each suicidal act: 1, hope of future greater satisfaction (reunion in death with a lost loved one, a wish to force attention or satisfaction from the present environment, or the pleasure of spite or revenge); 2, hostility or rage directed toward another, now directed at the self; 3, expression of hopelessness and frustration, relinquishing any prospect of gaining satisfactions from the present environment.

In ninety-five percent of the cases there had occurred death or loss, often under tragic circumstances, of someone closely related to the patient. In seventy-five percent of these cases the deaths had occurred before the patient had completed adolescence. In over sixty percent the death of someone close to the patient was an important precipitating factor in the present illness.

The course of therapy was divisible into three phases. In the *acute phase* therapy was directed toward adequate protection, relief of anxiety and hopelessness, and restoration of satisfactory relationships with others. The nursing staff must function as companions, not just as guards. Since a suicidal attempt is a miscarried aggressive act, the physician must explain to the patient that it was an effort to solve an overwhelming problem. This helps bind patient to physician, to reduce guilt and fear of retaliation and rejection, and to direct attention to the possibilities of future psychotherapy. Face-saving maneuvers are important during this phase. The *convalescent* phase begins when the patient is relatively comfortable and continues until he comes into contact with the environment in

which the illness originated. This is the phase of active psychotherapy; the physician does best to discuss frankly the suicidal drive. The patient tends to avoid painful problems by attempting to leave the hospital prematurely. This 'flight into reality' is a serious problem in twenty-five percent of all cases. In the *recovery phase* the patient, now in contact with his original environment, attempts to cope with the previously frustrating situation. Some degree of relapse now occurs in ninety percent of all cases. New solutions and techniques must be tentatively approached, and both patient and his relatives should be forewarned of the relapse. Recovery was most often attributable to the therapist's active intervention in the patient's home environment. Only three of the recovered cases returned to the same environment in which the illness arose.

When these fifty patients were last observed, fifty percent were considered recovered and twenty percent much improved. Six of the thirty-seven originally considered to be successfully treated had subsequent psychiatric disorders but none made suicide attempts.

Diagnosis and Treatment of the Phobic Reaction. Walter I. Tucker. Pp. 825-830.

Tucker studied one hundred patients with the syndrome of chronic and acute anxiety, somatic symptoms, and phobias. It occurs most frequently in young wives and mothers, is more frequent in married women than in single women, and in women than in men. One must be sure organic disease is not the cause, and phobic reaction must be distinguished from more chronic phobic obsessive states. Hyperventilation occurs frequently in association with anxiety attacks; this fact should be made clear to the patient. The syndrome occurs in a dependent personality subjected to stress in adjustment. Treatment should be strongly supportive and directive. Results of treatment are tabulated.

DAVID L. RUBINFINE

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Psychoanalysis and the Feeling of Sin. Ch. H. Nodet. Pp. 791-805.

The idea of a 'morality without sin' has acquired new strength from psychoanalytic discoveries. It is useful to restate in philosophical terms what analytic experience has contributed to the thinker in his effort at synthesizing his concept of man.

1. The idea of sin, in terms of moral and religious values, is not well known, nor does it seem to belong in the realm of psychology. There is much confusion between the spiritual regression implied in sin and the regressed psychology of character neurosis. 2. It is difficult to distinguish between what is guilt and what is based indirectly on emotional and sexual regression which inevitably accompany unconscious guilt. 3. The notion of sin, as well as the achievement of virtue, supposes a certain spiritual anxiety. Neurosis confuses the issue by contaminating the healthy part of the anxiety. Dr. Nodet concludes that neurosis may possibly help us along the road to salvation because, without it, we might lack the strength to maintain anxiety at a sufficient level.

RUTH EMMA ROMAN

British Journal of Medical Psychology. XXX, 1957.

An Experimental Approach to the Psychopathology of Childhood: Encopresis.
E. J. Anthony. Pp. 146-175.

The author describes a series of experiments designed to investigate causal relationships between bowel training, bowel functioning, and the presence of certain attitudes and character traits. He attempts to study the 'potting couple' (the child and the mother or surrogate) and the role each plays in the vicissitudes of bowel training. He compares the potting situation to nursing, except that in the former the roles are reversed with the child being the chief giver. Nevertheless, 'each sacrifices something for the other and when the final body product reaches its proper receptacle there should normally be a feeling of gain rather than loss. . . . [The child] can bear to part with its product because under normal circumstances it has not invested [it] with exaggerated, positive, or negative feelings that may make it either want to keep [it] or get rid of [it] in a hurry.'

Anthony divides encopresis into three main types: the 'continuous child' is one in whom the lack of sphincter control is 'an integral part of the general messiness' of the environment, and whose mother's attitude is, 'I couldn't care less'. In these children there is little inhibition, shame, guilt, or disgust. These children do not require psychotherapy but need real habit training under good conditions. The 'discontinuous child' is the compulsive child of a compulsive family. It is overcontrolled and inhibited in its emotional life and scrupulous with regard to its habits. The mothers of these children tend to be rigid and authoritarian, to establish sado-masochistic relationships with the children, and to dichotomize the world in terms of good and bad, clean and dirty. The discontinuous child is deeply disturbed and requires prolonged therapy as well as some measure of protection from its mother. The 'retentive child' really belongs to subgroupings of the above mentioned categories. This type of child usually undergoes severe bowel training to which it reacts with stubborn constipation. These are the children who are engaged in intense struggles with their mothers and 'the two obstinacies are evenly matched until the mother brings up reinforcements in the shape of enemata, suppositories, purgatives, and roughage'.

Anthony implies agreement with Freud's assessment of the predisposition to anal fixation by both the nature of the toilet training experienced by the child and the constitutional factors inherent in the child, and warns against neglect of the role of the child in the evolution of these bowel difficulties.

The Relevance of Genetic Psychology for the Psychopathology of Schizophrenia. Thomas Freeman and Andrew McGhie. Pp. 176-187.

This paper examines schizophrenia primarily from the point of view of Piaget's genetic psychology. The authors believe that defects in the development of thinking and perception in the first two years of life are of utmost relevance to the psychopathology of this psychosis. They review a number of aspects of schizophrenic symptomatology and explain these defects in terms of Piaget's formulations and reinstatement of more elementary modes of mental functioning. They emphasize that schizophrenia is not the result of psychological processes, 'the purpose of which is to abolish anxiety and guilt . . . no matter

how far back into infancy such a conflict may be traced'. Rather, the disease involves defects in the conflict-free sphere of the ego.

The Future of 'Dynamic' Psychology. Edward Glover. Pp. 219-229.

Glover is not satisfied with the term 'dynamic' psychology and suggests that metapsychology is more comprehensive and less tendentious. He points out that 'dynamic' psychology is a term associated with psychoanalysis but warns that psychoanalysis should not try to preempt the concept as all its own. He lists ten features which characterize dynamic psychology; but above all what distinguishes this from other psychology ('normal' or descriptive) is the acceptance of the concept of psychic regression and the primary mental processes. Glover recognizes the need to establish dependable criteria of description, classification, and interpretation in psychoanalysis, but since 'the action of the mind is neither so measurable nor visible nor controllable as the expansion of metals', the psychoanalyst need not unduly concern himself with the frequently made charge of being unscientific. The real danger in the future is the temptation 'to bowdlerize or water down psychoanalytic findings', with an overemphasis on environmental factors to the neglect of endopsychic ones.

Symposium on the Contribution of Current Theories to an Understanding of Child Development. Pp. 230-269.

I. An Ethological Approach to Research in Child Development. John Bowlby.

II. Contributions of Associative Learning Theories to an Understanding of Child Development. C. B. Hindley.

III. The Contributions of Psychoanalysis to the Understanding of Child Development. Cecily de Monchaux.

IV. The System Makers: Piaget and Freud. James Anthony.

Bowlby concerns himself with some of the contributions of current ethological research which can be applied to the understanding of child development. He believes that many phases of work with lower species are 'analogous and perhaps even homologous with much of what concerns us clinically'. He reviews the findings of a number of prominent ethologists and tries to correlate their views with those of psychoanalysts working with the problems of child development. He particularly emphasizes the significance of 'species-specific' patterns of behavior, and the concept of critical phases in the development of such patterns. An understanding of the critical phases in the development of modes of regulating conflicts would 'provide us with an understanding of the origin of the neurosis'.

Hindley briefly summarizes some of the ideas and interests of learning theorists that pertain to the problems of child development. He points out that this is a relatively new field of study for the learning theorists and no 'complete system for dealing with the many different facets' has been put forward. He reviews some aspects of learning theory in regard to sensory motor levels, perception, motivation, and aggression. Hebb's neurophysiological theory is discussed in some detail. Hindley feels that the concept and approaches of learning theory are not inconsistent with either the ideas of Piaget or of psychoanalysis, and that 'many of

Freud's theories are capable of reformation in terms of learning principles which may permit of more clearly defined deductions and more rigorous attempts at validation'.

De Monchaux points out that psychoanalysis has contributed to understanding of child development both theoretically (by the reconstructions in adult analyses) and empirically (by direct systematic observation of normal children by analytically trained observers). Freud's reconstructions not only revealed neglected areas of childhood but also provided explanations of continuity between child and adult behavior. 'The central idea still stands—that the transfer of infantile sexuality to other aspects of behavior is both cross-sectional and longitudinal', in spite of new emphasis on the importance of aggression and ego defense mechanisms. De Monchaux succinctly reviews the effects of childhood sexuality on subsequent behavior with regard to 1, the relation between various phases of sexuality, 2, the effect of these phases on object relationships, and 3, the effect of these phases on ego functions.

Anthony discusses the relative advantages and disadvantages of an organized comprehensive system of psychological knowledge. His chief concern is with the contribution of Piaget, but he tries to relate Piaget's ideas to those of Freud. In his earliest book (1926), Piaget acknowledges his debt to Freud, and apparently Freud was impressed with some of Piaget's early work on syncretic pre-logical reasoning of the child which could be regarded as an intermediate between the primary and secondary processes. Later Piaget evolved the concept of 'infantile realism' which became the signpost of a theory of 'psychology without emotion' in distinction to what Anthony calls Freud's 'psychology without intelligence'. The author believes that this difference defied any real reconciliation and attempts at synthesizing the two systems have not been successful in spite of the efforts of Odier and others. Some of Piaget's criticism of the psychoanalytic concepts of conscious transference and of affect are summarized and Anthony attempts to illustrate certain divergences in the approach of Freud and Piaget by detailing the way in which each has (or might have) interpreted specific clinical data; he cites, for example, the 'behavior pattern of the string' which Freud described in *Beyond the Pleasure Principle*.

EDWARD M. WEINSHEL

Revista Uruguaya de Psicoanálisis. I, 1956.

Transference and Its Various Aspects. Daniel Lagache. Pp. 521-569.

This most complete and thorough review of the literature exhaustively discusses one hundred three aspects of transference. These include its constituent elements, terms and their meanings, concepts of transference and its limits, the depth and meaning of various kinds of transference, its therapeutic uses, and its causes. Two sections, one on economic aspects of transference and the other on its evolution during analysis, are very rewarding. The article is too long and full to summarize and do justice to the author.

GABRIEL DE LA VEGA

NOTES

MEETINGS OF THE NEW YORK PSYCHOANALYTIC SOCIETY

February 12, 1957. REMARKS ON SOME VARIATIONS IN PSYCHOANALYTIC TECHNIQUE.

Rudolph M. Loewenstein, M.D.

The author makes a distinction between modifications of psychoanalytic technique which are distinct deviations from the classic technique and those which are minor variations within the framework of the standard technique. An example of the latter (the subject of this paper) concerns the rule of abstinence which in some cases of homosexuality should not be imposed because it may provoke intolerable castration anxiety (Anna Freud). Such variations are usually employed intuitively. The goal is to make any variation in technique theoretically comprehensible by fitting it into a definitive conceptual framework. The rule of abstinence in the transference should rarely be transgressed. To a 'borderline' patient, the analyst's acceptance of a gift meant that she was a worthwhile person and his deviation from this rule of abstinence facilitated the analysis of her very seriously disturbed object relationships. A 'parameter' (Kurt Eissler) is any action of the analyst which is not an interpretation. Dr. Loewenstein prefers the term 'intervention' because it is more neutral and thus points more clearly to the need for succinct differentiations with respect to such variations in technique. Some authors have defined certain interventions that are not interpretations as 'confrontation' (Devereux), 'suggestion', 'manipulation', and 'clarification' (Bibring). Other interventions aim at the creation of initial rapport by listening, understanding, and giving hope of relief from suffering. The recumbent position is an intervention designed, among other things, to help the patient follow the fundamental rule and to facilitate reality testing. It may at times be necessary temporarily to abandon this position and let the patient face the analyst. The purpose is to give the patient a chance to distinguish transference fantasies from fact, and to appraise the analyst as a real person (deviation from the basic rule of the analyst's anonymity). One of the objectives of the rule of abstinence is to keep the intensity of psychic conflict at its optimal level. An exceptional intervention is for the analyst to visit a patient who is a suicidal risk (Kronold) or one paralyzed by locomotor phobia (M. Kris). Where sexual curiosity was severely prohibited in childhood, some patients cannot tolerate having their questions remain unanswered in the beginning of analysis. A well-known intervention consists in advising the phobic patient to brave his phobic restrictions in order to unmask the anxiety and make it analyzable. In addition this intervention may express confidence in the patient's ability to master reality, and may avert the analyst's participation in the epinoic gain (the protecting love in early infantile situations) which the patient derives from his phobia. Asking a patient questions is an intervention necessary in any analysis, the main reason being that correct interpretations can be given only when the analyst has a detailed and exact knowledge of the patient's thoughts and the events in his life. Freud had to

ask the Rat Man three times to recount the events during the military maneuvers that preceded the development of the obsession before he could understand and correctly interpret the symptom. An important set of variations concerns the ways by which the analyst communicates his understanding to the patient: the various ways in which confrontation, clarification, and interpretations are given. The following *types* of interpretations are schematically distinguished: 'proper' interpretations, for example of dreams; 'genetic' reconstructions of remote events or fantasies; 'reconstruction upwards' which aims at the elicitation of comparatively recent material from more remote events; 'tactical' and 'strategic' interpretations; 'short-range' and 'long-range' interpretations; interpretations with 'multiple appeal'. The *conditions* on which the value of interpretations depend are discussed, and it is stressed that the pathways by which interpretations effect various changes in the patient are very far from being theoretically comprehended and the analyst must therefore usually depend on 'tact' and intuition. Among the rules, and exceptions to those rules, Dr. Loewenstein discusses: analysis from the surface to the depth, the hierarchy of interpretations (resistance before content, ego before id, the supreme importance of transference interpretations), and the timing of interpretations. Variation in the mode and timing of interpretations is based upon the relation between defensive functions and Hartmann's 'autonomous ego functions' (talents, abilities, a sense of humor, capacity for objective thinking, for neutralization and for 'controlled regression', relative intactness of self-observation and of reality testing of mental phenomena, and others).

DISCUSSION. Dr. Robert Bak suggested that Dr. Loewenstein had spoken more of the variations in the individuality of the analyst than of variations of technique. Dr. Bak felt that the classic technique can be carried through with utmost rigidity in cases where the predominant defenses are of the nature of repression which implies good object relationships and relative integrity of autonomous ego functions. In cases where defenses such as isolation, undoing, and denial prevail, a markedly different technique is required. One danger in employing technical variations is that they may not be based on a rationale but on countertransference needs. Dr. Mortimer Ostow pointed out that frustration in analysis has two purposes: one is to make it possible for the analyst to show the objective reality to the patient; the other is to keep the intensity of the patient's libidinal needs at an optimal level, these needs being the energy that makes the analysis move. If the libidinal intensity is too high, partial gratification (e.g., reassurance) in the transference may become necessary. In extreme cases of this type, tranquilizing drugs may be indicated to make analysis possible. Dr. René Spitz indicated the need for a future discussion of a hierarchy of technical rules, their mutual relations, and their relations to the pathology of a particular patient. Every analytic hour has a leitmotiv communicated by the patient the moment the session begins. Analytic 'tact' makes it possible to perceive this leitmotiv and to let it govern the way in which the analyst conducts the session. The leitmotiv of the individual session is part of the leitmotiv of the week, and this is part of the leitmotiv of the particular analytic period. Dr. Victor Rosen emphasized that we have only the vaguest ideas about what constitutes 'classic

technique'. He cited as an example the student who experienced a shock when his supervisor suggested that he might ask his patient a question about his sex life. Dr. Edward Harkavy discussed the interrelation of the rules of abstinence in the transference and outside the analytic situation. Dr. Leo Spiegel commented on the problem of 'tact' in analysis, which is a problem in social perception: the analyst must be sensitive to a multiplicity of cues in the analytic situation and must be able automatically (preconsciously) to draw conclusions from them.

In answering the discussants, Dr. Loewenstein suggested that the most efficient way of applying the rule of abstinence is to interpret the patient's behavior. The analyst should not use the same defense as the patient. If, for instance, the patient makes fun of the analyst, he should not make fun of the patient. To cope successfully with the problem of variations and modifications in analysis will probably require teamwork among analysts.

POUL M. FAERGEMAN

October 15, 1957. THE CREATIVE IMPULSE: BIOLOGIC AND ARTISTIC ASPECTS. Bernard C. Meyer, M.D. and Richard S. Blacher, M.D.

A detailed clinical study of an artistically gifted Negro woman illustrates well-established analytic formulations about 'the intimate psychic interrelationships between the bringing forth of an artistic product and the act of parturition' as well as the way that the artist, by analogy to the 'supreme creator', partakes of 'divine attributes'. A thirty-nine-year-old woman was seen in the psychiatric ward of a general hospital in the eighth month of an illegitimate but planned pregnancy. Material is presented from psychotherapeutic interviews, from her diaries of twenty years, and from her other writings. Clinically observable was a state of elation followed by periods of depression and notable exhibitionism of her pregnant state with the expressed wish to remain so forever. The therapists feared that delivery would precipitate a psychotic state. Delivery at eight months was followed by a psychotic episode of twenty-four hours' duration characterized by severe panic and the wish to be held and treated like a baby. She recovered and was discharged from the hospital within a week. Further observations were made a year later. She had been an actress, singer, painter, sculptress, and writer, showing considerable talent in each. She had, however, 'stuck to nothing and completed nothing'; she never felt satisfied and felt rejected by her mother. It was learned that shortly before her pregnancy the white common-law wife of her brother (four years older than the patient) had had a baby. Still later it was learned that she had had seven other siblings who had died, six of diphtheria and one of 'maternal neglect'. She had a strict but covertly seductive father and there had been attempted seductions by the older brother. In her family the men were 'gods'. From her diaries—which she treated as confidant, love object, and God to whom she 'confessed'—one could trace a strong homosexual attachment of twelve years' duration to a girl her own age who constantly rejected her. This was followed by several years of affairs with both white and colored men which gradually became shorter in duration and more bizarre in character, finally leading to her plan to have a baby. Her alternating despair (with suicidal trends before menstrual periods) and hypomanic states were clearly evident. She sought an identification with God and the need to create 'as God has done'.

These themes also pervaded all her writings. Clearly discernible was the increasing tempo of her creative urge which had led to a previous pregnancy and an abortion. Following this there was a surge of creative effort in writing a novel which the therapists see as an attempt to deny the significance of the abortion: 'the interruption of her biological creative achievement by wild and angry thrusts issuing from her "pregnant head"'. This woman had a childhood fantasy of being a boy, a fear of her father's penis, and incestuous longings toward her older brother. As in several cases reported in the literature, this patient showed an artistic creativity that appears to be an elaboration of a latent childhood fantasy of possessing a penis. To have the penis is the means of gaining mother's love and establishing blissful union with her. Her creative efforts served as temporary denials of her castration which occurred when she was depressed. Her denial of castration is clearly seen in her writing and was most prominent after some reminder of mutilation (tooth extraction, abortion). The failure of her creative efforts was construed as recognition of her castration and was accompanied by thoughts of suicide. The fantasy in both the phases of elation (phallic) and depression (castrated) appeared to be of fusion with the mother by being devoured by her. In the phallic state the unity apparently was attained by a process of introjection of the idealized objects, resulting in identification. There was no stability in these identifications, but rather a tendency to oscillate between them, as seen in the shift in mood between fantasies of active and passive incorporation. The relevance of Lewin's triad to this case is pointed out. The patient's superego development is seen as arising from a psychological fusion between oedipal (father and brother) and sado-masochistic infanticidal (directed against a sibling eight years younger who died in her early childhood) impulses. The oedipal pattern is characterized 'by the relative unimportance of the male as an object to be cherished in undisputed possession'. In her pregnancy she was 'both mother and father'. The oedipal aim seemed to be less to have a baby than to have eternal pregnancy—something growing inside. Like her other creative efforts, the pregnancy had a predominantly phallic significance. The man, by impregnating her, was a tool through which reunion with the mother would occur. Her artistic and biologic creative impulses had the same goal: the acquisition of phallic omnipotence capable of enabling her to establish contact with an object. This had particular energy in the face of self-destructive impulses. The authors note that artistic achievement requires a relative detachment from areas of conflict and an establishment of an autonomy of the creative process. Such failure of neutralization is apparent in 'the restless and promiscuous creative thrusts of this patient'.

DISCUSSION. Dr. Beres emphasized the importance of the patient's ego disturbances to account for failure in her artistic endeavors; it is not only 'a realistic recognition of her castration' as emphasized by the authors. He differentiated two phases in the artistic production: first, inspiration; second, elaboration. In the first phase there is always some component of nonneutralized energy involved, not detached from conflict. The second phase functions with neutralized energy, and without this inspiration does not give rise to art. He points out that 'the craft must be autonomous'. The integrative function of the ego is

especially important in this, and it is in this area that this patient's ego is defective. The disturbances in her early identifications and object relations may be crucial in this connection. Dr. Charles Fisher, who had used this patient in his tachistoscopic dream experiments while she was in the hospital, noted an unusual sensitivity to subthreshold stimuli in her. He relates this to the possible existence of a 'think protective barrier against stimuli' in her, and speculates that this is a constitutional factor which may play a role in artistic development as well as in the development of psychosis. He cited the work of Bergman and Escalona in this connection.

IRWIN SOLOMON

February 11, 1958. DEPERSONALIZATION. Edith Jacobson, M.D.

The phenomenon of depersonalization is delimited to disturbances in a person's experience either of his body (or parts of it), or of his mental self. Where parts of the body are involved, the person may describe them as being estranged, not feeling as his own, or as being dead. Where depersonalization extends to the mental self, there is a feeling of being outside one's self. He may feel that he is a detached spectator who is observing another person walk, talk, and act. Often the experience is frightening. Jacobson specifically excludes such phenomena as derealization and loss of identity. They may accompany depersonalization but are not identical with it. In derealization the feeling of unreality is related to the object world rather than to the self. In loss of identity the question is 'Who am I?'. This need not be accompanied by any feeling of depersonalization. Jacobson analyzes depersonalization in a group of female political prisoners of essentially normal psychic make-up, and in four analytic cases. No cases of psychosis are presented but she states her belief that the nature of the processes leading to depersonalization is essentially the same in all. From these studies, Jacobson concludes that depersonalization tends to develop in situations where the ego is threatened by sudden regressive processes. These involve drive defusion and pregenital-drive invasion, the ego being torn between two opposing identifications. One part of the ego strives to maintain normal behavior, resting on previous stable identifications; the other part, temporarily regressed, accepts infantile, sado-masochistic, pregenital identifications. A split in the ego results. The process is facilitated by a weak, unstable, or contradictory superego since this predisposes to a failure in repression and to drive intrusions into the ego. The basic conflict is within the ego and has its origin in the struggle between conflicting identifications. States of depersonalization always represent pathological attempts at solution of a narcissistic conflict. Where the sudden loss of love or of a love object is the precipitating factor (Nunberg), the object relationship has been narcissistic. Jacobson disagrees with Oberndorf's thesis that the superego shows discrepancies because of unacceptable superego identifications with the parental figure of the opposite sex. Her findings suggest rather that the contradictory qualities of the superego seen in such patients are caused by discrepancies not between paternal and maternal but between advanced-normal and regressed-precœdipal identifications. In depersonalization the ego attempts to 'disidentify' itself from these unacceptable identifications by disowning and denying the un-

desirable part of the ego. Jacobson contrasts depersonalization with depression. Both develop from narcissistic conflicts and both seem to presuppose object relations of a narcissistic nature. In both, identification brings about an inner schism. However, in depression the schism occurs between the punitive, sadistic superego, and the ego or self-image, respectively,—that is, the conflict is inter-systemic. In depersonalization the schism is in the ego or self, and the superego need not take part in the conflict. Instead of a punishing superego accusing the worthless self as in depression, we find in depersonalization a detached part of the ego observing another emotionally or physically dead part.

In her discussion of the female political prisoners in Nazi Germany, Dr. Jacobson describes graphically and in great detail how previous ethical, normal identifications were threatened in the sado-masochistic, criminal atmosphere which prevailed. The great temptation to regress and to identify with the criminal was occasionally succumbed to. At other times it led to a split in the ego with depersonalization.

DISCUSSION. Dr. Annie Reich elaborated upon the dynamics involved in a specific type of narcissistic object choice in which depersonalization is frequently seen. A pathological superego is not necessarily involved. The example given was of a child repeatedly exposed to primal scenes. Here one frequently sees the development of a strict superego to prevent an identification with parental behavior. Concomitantly, there develops a rich fantasy life, the intent of which is to idealize the devaluated parent. Later, idealized love objects are chosen to help counteract feelings of self-deficiency. Loss of or devaluation of the object results in a disturbance of the self-image and a loss of defense against aggressive and pregenitally tinged strivings. Dr. Robert Blank did not regard depersonalization as a defense against depression, but as an emergency mechanism resorted to by the patient when the usual defense mechanisms fail to control and discharge aggression and anxiety. This may be due either to the suddenness of the trauma, loss of the love object, or to a progressive increase of instinctual tension. Dr. Robert Bak questioned whether depersonalization was a unified phenomenon in normals, neurotics, and psychotics. Phenomenologically we are dealing with a perceptual disturbance in the experience of the self-image, with a loss of the feeling of familiarity. Bak sees the identification with the object, where it occurs, as the attempt to preserve the object against destructive drives. Thus identification is the solution of a conflict rather than the beginning of one—a kind of restitution process. Dr. Rosen raised the question as to whether in the prisoners the conflict did not have to do with certain group identifications which had become disinstinctualized. Under the pressure of their tormentors, there was a danger of reinstinctualization and ego fragmentation. Dr. Paul Goolker traced the development of Oberndorf's thinking on the subject. The cases observed by Oberndorf differed from Jacobson's in that they were cases of persistent depersonalization; also they were not carried as far in analysis as Jacobson carried her cases. Oberndorf's last views were that depersonalization was a defense against massive anxiety, a form of partial suicide, of letting part of the personality die. Dr. Mortimer Ostow questioned whether the phenomenon was always an intra-systemic one. He attributes the function of self-observation to the superego, and

therefore sees the conflict as intersystemic. Dr. Judith Kestenberg stressed the instinctual component that was being warded off in depersonalization. She presented a case in which the vagina was felt as estranged and the genitals felt as belonging to the mother rather than to the patient herself. One function of this estrangement was to avoid the anxiety of having genital sensations. Dr. B. E. Moore raised a question as to whether it was not possible to develop depersonalization on the basis of the introjection of an unacceptable object. Dr. Andrew Peto described frequent episodes of depersonalization in late latency. He felt that depersonalization was neither a defense nor symptom but a more basic process which manifests itself whenever thought processes have to be transformed on a large scale. This occurs normally in the latency period; under abnormal conditions in schizophrenia; and in the analytic situation in response to certain interpretations.

Dr. Jacobson, in closing, addressed herself to the question of the essential nature of depersonalization. She agreed that depersonalization could serve as a restitution process in psychotic cases where there is a definite withdrawal from the object world. However, this is not true for all cases, nor does she see it purely as a defense. She gave the example of feelings of depersonalization in the presence of an intensely pleasurable experience, which may be felt as strange. Here there is not even a tangible conflict.

MERL JACKEL

April 15, 1958. STRUCTURAL DETERMINANTS OF PHOBIA. Martin Wangh, M.D.

This study utilizes the structural and genetic concepts of psychic functioning as a means of opening the way to more refined research into the problem of choice of neurosis. It makes use of clinical material from a female patient suffering from nightmares with somnambulism and a wide range of phobic reactions. The clinical neurosis was triggered by a major operation which evoked sado-masochistic impulses. Dr. Wangh postulates for this particular patient a specific type of ego defect, a superego defect, and certain experiences in the development of the patient which led both to the structural disturbance and to the phobic symptoms. Frequent cathartics and enemas in childhood resulted in instinctualization of sphincter control and further impairment of drive control. The ego defect was the disturbance of control of instinctual drives which carried with it a tendency to impulsivity and acting out. The defect in the superego was caused partly by seductive behavior on the part of the patient's father and of her nurse which made her identifications transitory and lacking in internalized controls. Her mother withdrew from her at the least provocation and turned her over to her nurse. This is a kind of primary object relationship which creates a situation favorable to the displaceability of objects found in the psychology of phobias. The patient had a sufficient sense of reality and sufficiently good defense against her sado-masochistic strivings to protect her from extreme acting out, but developed phobic avoidance of situations of temptation which otherwise might have endangered her marriage.

DISCUSSION: Dr. Paul Friedman questioned the diagnosis and suggested that this patient's symptoms might also be found in anxiety neurosis, or in character

neurosis with anxiety states, or possibly in a schizoid personality with hypochondriacal symptoms and anal-sadistic characteristics. He wondered whether the concept of the defective superego is generally applicable to the prephobic structure and stated that in phobia a particularly harsh superego is usual. Dr. David Rubinfine expressed the opinion that the patient might have suffered a phobia of the persecutory type. He stressed the anal elements in the clinical picture and doubted that the case under discussion could be a true anxiety hysteria in which the forbidden unconscious impulses belong to the phallic phase, the oedipal situation in which the fear is of castration. Dr. David Beres discussed the superego defect and suggested that this might be called a 'preceptual' type of superego. In this type of superego disturbance there is fear of loss of love and fear of punishment without guilt; the superego looks for outside guidance as to what is right and wrong. Depression when it occurs in this type of patient is related to narcissistic injury rather than to guilt. In a surprising number of phobias there has been a history either of an actual seduction or a seductive atmosphere. Dr. Annie Reich stressed the fact that clinical findings in recent years show that phobias are frequently more severe disturbances than Freud thought. In the phobias, pregenital fixations and very intense destructive forces are often involved. She believes that patients with severe phobias, particularly women, do not fully progress from the homosexual to the heterosexual level. She doubts that ease in object displacement is characteristic of phobias. She feels that there are different types of phobias, some which result from conflicts at the oedipal level and which are characterized by better defenses, others resulting from pregenital conflicts with inadequate defenses. Dr. Robert Bak was of the opinion that a clinical picture is structurally interdependent. In phobia there is a defect of the ego as well as of the superego and this makes the instinctual breakthrough possible. He emphasized the differentiation between the strength of a drive and the strength of the conflict. In acting out (promiscuity) which is the clinical opposite of phobia (avoidance), there is not simply a breakthrough of the drive, but an instinctual sexualized solution of an intense conflict. He suggested that perhaps neurosis might not develop in the absence of several points of fixation in the drive development. The superego is not simply dependent on the resolution of the oedipal conflict, but is related also to the more primitive superego.

POUL M. FAERGEMAN

THE VIENNA PSYCHOANALYTIC INSTITUTE has need of psychoanalytic journals published in English. A letter to Dr. Robert C. Bak, President of the New York Psychoanalytic Society, from Dr. Herma C. Hoff reads in part: 'There are difficulties in obtaining English literature of the post-war period (actually from 1938) as well as current publications. This is a purely financial problem, as the Vienna Psychoanalytic Institute is not subsidized by the government and has no private funds or resources at its disposal. Anything that could be done to alleviate this situation will be greatly appreciated.'

THE LATIN-AMERICAN CONGRESS, the first psychoanalytic congress to be held in

Brazil, met in São Paulo (August 25-31, 1958) under the auspices of the Brazilian Psychoanalytic Society. The meeting was attended by fifty-nine members of the International Psychoanalytic Association in Latin America, ninety-two candidates in training, and one hundred sixty-four guests. Guest speakers were Dr. William Gillespie (London), Dr. Paula Heimann (London), Dr. Melitta Sperling (New York). There were conferences on the subjects: I. Validation in Psychoanalytic Investigation; II. Early Childhood Development; III. Development of Psychoanalytic Technique; IV. Psychoanalytic Training.

CORRESPONDENCE:

In This QUARTERLY, XXVII, 1958, No. 3, Dr. Moses Naftalin made an interpretation of an assumed parapraxis of Freud by erroneously translating the Hebrew word *ruach* as 'smoke'. Dr. Naftalin's speculations are based on an error in the English translation. Freud rightly translated into German *ruach* (spirit-breath) as *Hauch* (*Der Mann Moses*, 1939). The English translator obviously mixed up the German word *Hauch* (breath) with *Rauch* (smoke), thus depriving the sentence referred to of all meaning. It should be rendered: '. . . for the spirit borrows its name from the breath of the wind (animus, spiritus, Hebrew *ruach*, breath)'.

Besides the various meanings of *ruach* (wind, spirit, soul, mood), there is in Hebrew a close relationship between the words spirit (*ruach*) and fume, odor (*reach*), which invites further digression into the problem touched off by Dr. Naftalin's remarks (cf. Dr. Greenacre's remarks about the relationship between odor and spirit).

MAX M. STERN, M.D.

October 29, 1958

Dr. Max Stern is right and I wish to thank him for his letter. I may add that his further remarks on Freud's meaning do not apply, since my communication is neither about the genesis of Moses nor about progress in spirituality, but is concerned with the psychopathology of everyday life.

I would like to state that I considered originally that the error was the printer's or translator's, but came to the conclusion that it was Freud's for a number of reasons, one of which is that the translator, Mrs. Katherine Jones, writes in the translator's notes: 'I am indebted to Mr. James Strachey and Mr. Wilfrid Trotter for kindly reading through this translation and for making a number of valuable suggestions. I have also had the advantage of consulting the author on some doubtful points.'

Another reason for my conclusion that it was Freud's error was that it was evident the translator had correctly read and translated the German word or words, 'for breath of wind', almost at the same place that the mistake occurred. I concluded, therefore, that it was unlikely that that very word (in this case *Hauch*) would have appeared again and not have been translated appropriately. In addition, in the translator's note, Mrs. Jones states, '. . . Part III has not previously appeared in print'. The error to which I made reference was found in

Part III, and I am unaware at the present time in what form she received the original.

There are many points of an interesting nature which could be raised in connection with this lapse by Mrs. Jones, but I feel it bears the significance that Freud would have ascribed to it and that I, in error, ascribed to him.

MOSES NAFTALIN, M.D.

October 31, 1958

Since replying to Dr. Stern, I have received word from Mr. James Strachey to the effect that he can throw very little light on the matter in question. He indicates that owing to the rush and pressure connected with the publication of *Moses and Monotheism*, he was able only to read the first half of it in proof. He speculates that the original mistake was made by a Dutch printer (the German edition was published in Holland). Mrs. Jones made or began her translation from the galley proofs of the German edition and the error was corrected in the final printing. It seems to me, therefore, that whether the mistake was the printer's or Freud's can only be determined by examination of the original manuscript.

MOSES NAFTALIN, M.D.

November 18, 1958

In reply to my letter to her, Anna Freud has confirmed that Freud wrote *Hauch* and not *Rauch* in the handwritten manuscript of *Moses and Monotheism*, and [she] is unable to account for the error to which I drew attention in my article.

MOSES NAFTALIN, M.D.

November 28, 1958

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